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PROGRESS IN THE DEVELOPMENT OF THE 1992  
DoD SURVEY OF MILITARY MEDICAL CARE BENEFICIARIES:  
INTERIM REPORT

Philip M. Lurie, *Project Leader*

Karen W. Tyson  
Michael L. Fineberg  
Charles S. Roehrig  
Larry A. Waisanen

April 1993

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Office of the Assistant Secretary of Defense  
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INSTITUTE FOR DEFENSE ANALYSES  
1801 N. Beauregard Street, Alexandria, Virginia 22311-1772

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INSTITUTE FOR DEFENSE ANALYSES

Contract MDA 903 89 C 0003

Task T-Q7-1087

## PREFACE

This document was prepared by the Institute for Defense Analyses (IDA) for the Office of the Assistant Secretary of Defense (Force Management and Personnel), under contract MDA 903 89 C 0003, Task Order T-Q7-1087, issued 20 April 1992. The objective of this task is to design a survey instrument and conduct analyses of the survey response data to determine access to and utilization of medical care services as well as the attitudes and knowledge of military medical care beneficiaries regarding various aspects of their health care benefits. This document serves as an interim report on progress to date on the development of the survey.

This work was reviewed within IDA by Dr. Arthur Fries and Mr. Christopher Jehn. It was also reviewed by two independent consultants, Dr. Barbara Bailar and Dr. Wray Smith.

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## **I. SURVEY REQUIREMENTS AND BACKGROUND**

This document describes the progress to date in the development of the 1992 Department of Defense (DoD) survey of military medical care beneficiaries. It includes a description of the steps preceding the analysis of the survey, including the design of the survey instrument (questionnaire), pretest results, sample design, survey administration, and data preparation steps. The purpose of the report is to inform DoD officials and analysts responsible for formulating military health care policies about the considerations that influenced the design of the survey, so that they may more easily interpret, and assess the reliability of, the survey results.

### **A. CONGRESSIONAL MANDATE**

The Congress, through enactment of the National Defense Authorization Act for Fiscal Years 1992 and 1993, Section 733, directed the Department of Defense to conduct a survey of military medical care beneficiaries regarding the quality and availability of health and dental care. According to the National Defense Authorization Act, "the study required by Sec. 733, subsection (a), shall ... include a survey of members of the Armed Forces and covered beneficiaries in order to —

- (1) determine their access to and use of inpatient and outpatient health care services in the military medical care system
  - (A) by source of care and source of payment, including private sector health insurance; and
  - (B) in relation to civilian sector standards established for particular clinical services.
- (2) determine their attitudes and the extent of their knowledge regarding
  - (A) the quality and availability of health and dental care under the military medical care system;
  - (B) their freedom of choice with respect to health care providers and level of health care benefits;
  - (C) the premiums, fees, co-payments, and other charges imposed under the military medical care system; and
  - (D) any changes in the rules, regulations, or charges that characterize the military medical care system."

The same legislation directed the DoD to report the intermediate results of its study by December 1992 and the final results by December 1993.



The congressional tasking was analyzed, and it was determined that a number of issues could be addressed only by the survey. These issues received the highest priority. Other issues could be addressed either by the survey or by other means. Many of these issues were also included in the survey. The decision on inclusion was based on the potential length and complexity of the questionnaire.

## **B. SURVEY REQUIREMENTS**

In addition to the congressional mandate, there are other reasons why a survey of beneficiaries is needed. The last comprehensive survey of beneficiaries was conducted in 1984, over eight years ago. Since 1984, many significant changes have been made to the Military Health Services System (MHSS). These include cost containment measures such as paying civilian hospitals according to diagnosis-related groups,<sup>1</sup> financial changes for beneficiaries such as higher CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) outpatient deductibles and co-payments, and changes in the administration and delivery of health care designed to reduce costs to both the government and the beneficiary.

Because there are now many different variations of the military medical benefit, it is necessary to determine the level of satisfaction with each separately. It would also be useful to know the level of satisfaction with the current system relative to satisfaction as measured in the 1984 survey. Before military health care costs can be reduced, subject to maintaining the current level of beneficiary satisfaction, it is important to learn what matters most to beneficiaries.

Another vital function of the survey is to provide data on utilization levels by beneficiary class. Some gaps in the MHSS health care utilization data sources, particularly for outpatient care, cannot be filled practically from other sources. DoD has access to data on utilization of military health facilities and CHAMPUS-reimbursed utilization levels. However, we do not know the extent to which beneficiaries use the civilian system for health care not paid for by DoD.

Knowledge of utilization levels helps in responding to issues that arise about the consumption of care by military beneficiaries relative to non-beneficiaries. Do military beneficiaries consume more health care than civilians outside the MHSS? If so, are there reasons such as military requirements (pre-flight physicals, occupational injury) for these differences?

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<sup>1</sup> This is a classification scheme for standardizing and limiting payments for inpatient care used by Medicare and other civilian payers.

Utilization information also is important in forecasting future demand for DoD-funded health care. For budgetary planning, DoD might find it useful to be able to predict utilization on the basis of personnel characteristics. For people with other coverage, DoD is the payer of last resort, which means that an increase in unemployment or in jobs without health benefits in the overall economy can increase demand for DoD-financed care.

### C. SURVEY INSTRUMENT DESIGN CONSIDERATIONS

Important considerations in the design of the survey instrument included:

- *Coverage of congressional and DoD issues.* It is important to ensure that the questionnaire requests the required information about beneficiary access and satisfaction. This information can only be provided by the survey. Efforts were also coordinated with other team members to include questions about utilization, because there is no up-to-date data source on beneficiaries' utilization of medical care that is not provided by military treatment facilities (MTFs) or CHAMPUS.
- *Beneficiary privacy and sensitivity.* Beneficiaries will be asked about issues relating to their health and the health of their families. These are issues that many people regard as personal and private.
- *Beneficiary concern about health benefits.* The questionnaire contains items eliciting opinions about various alternatives to the current military health benefit, including military and civilian health maintenance organizations (HMOs). It is important to make it clear to beneficiaries that these questions are for research purposes only.
- *Form constraint.* To limit costs of gathering data, it was decided that the form had to be completely scannable. A completely scannable form allows the survey responses to be entered directly into the computer without the need for any manual entry.
- *Time to complete the survey form.* Based on previous survey experience, it was decided that 30 minutes was a reasonable maximum time to complete the questionnaire without significantly decreasing response rates.
- *Questionnaire complexity.* Good questionnaire design requires a simple questionnaire. Unfortunately, the subject matter requires complex sets of questions. For example, overall satisfaction depends on health status of the patient, accessibility of facilities, resources at facilities, treatment by medical and non-medical staff, and treatment outcomes.

## **D. OVERVIEW OF QUESTIONNAIRE DESIGN PROCESS**

The questionnaire was designed in five phases:

- framework development,
- initial design,
- iterative revision,
- pretest, and
- final approval and revision.

The framework development phase began with a meeting with the Survey Working Group to define goals. Project staff included staff members from the Office of the Assistant Secretary of Defense (Force Management and Personnel) [OASD(FM&P)], Institute for Defense Analyses (IDA), Vector Research Incorporated (VRI), and consultants. The project staff worked closely with the joint Survey Working Group, which consisted of representatives from the Office of the Secretary of Defense (OSD), the military services, and the Office of Management and Budget (OMB). OASD(FM&P) staff, working with IDA, identified additional issues and held individual meetings with the Survey Working Group members to solicit any additional issues or questions they felt were important to include in the questionnaire. Table I-1 shows the Health Care Survey issues that were contained in the congressional mandate as well as those identified by project staff.

**Table I-1. DoD Health Care Survey Issues**

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**A. Congressional issues:**

1. Access to and use of inpatient and outpatient health care services.
2. Attitudes and knowledge regarding military health care benefits and services.

**B. Other Issues:**

1. Valuation of health care benefits.
  2. Utilization of preventive health care services.
  3. Satisfaction with obstetrical/gynecological (OB/GYN) services.
  4. Expected utilization of health care facilities in the future.
  5. Hypothetical use of new kinds of health plans.
- 

The design phase began with the collection and review of related survey instruments (descriptions of the related instruments are contained in Chapter II). Next, questions were selected and adapted from other surveys that related to the issues identified in Table I-1. Additional questions were constructed as necessary to cover all the issues.

Once all the essential issues were covered, an initial draft of the questionnaire was developed. The order of the questions was changed to improve the question flow for the respondent. This meant moving from simpler to more complex questions and moving from less sensitive to more sensitive topics. Questions were consolidated by grouping together those that had similar topics and response patterns, and the questions were grouped by subject area. Project staff then put together a draft questionnaire for review.

The next stage was iterative revision. The questionnaire was provided to the Survey Working Group and the Integration and Study Management Group (the latter is responsible for overseeing and coordinating the efforts of researchers involved in the evaluation of the cost of wartime and peacetime medical care, the survey of military medical care beneficiaries, and an assessment of the quality of medical care provided to beneficiaries) for comment. In response to those comments, wording was revised, questions rearranged into a logical order, and additional "skip logic" devised to route respondents around items that did not apply to them.

Next, the questionnaire was pretested at three different sites with a variety of respondents. The pretest results are described in Chapter III. The questionnaire was revised to reflect the lessons learned from the pretests.

The final stage was the final approval and revision. After a final review within OSD, the instrument was sent to the Defense Manpower Data Center (DMDC) for printing and distribution. The final instrument is described in Chapter IV and is reproduced as Appendix A. The plan for drawing the sample of approximately 45,000 potential respondents is contained in Chapter V, and the survey schedule and preparations for analysis are presented in Chapter VI.

## **II. REVIEW OF PRIOR SURVEYS**

### **A. INTRODUCTION**

In this chapter, we describe the survey instruments that were reviewed for potential questions. The initial survey instrument consisted of questions drawn from these surveys, reworded or rescaled to provide a consistent format. The survey instrument was then augmented with original questions to cover the issues raised by the congressional tasking.

### **B. SURVEYS REVIEWED**

We reviewed relevant past surveys, some of which were recommended and provided by OASD(FM&P), DMDC, and other members of the Survey Working Group. The surveys included health-related surveys commissioned by DoD, non-health-related surveys commissioned by DoD, and health-related surveys commissioned by other government agencies. A description of each of the surveys follows.

#### **1. 1984 DoD Health Care Survey**

The 1984 DoD Health Care Survey had several goals that were similar to those of the current survey [1]. First, the survey measured access to medical care facilities, in terms of physical, economic, and practical access. The survey also addressed the utilization of health care services in the Military Health Services System and the extent of coverage by other health insurance. The 1984 survey had separate sections for attitudes and satisfaction of the beneficiaries. Finally, the survey covered knowledge of current benefits, potential use of the Military Health Services System, and basic demographics. Because the instrument for this survey was designed to collect information on similar issues of beneficiary behavior and perceptions, it is directly relevant to the current effort.

#### **2. Catchment Area Management Baseline (1989) and Follow-up (1992) Surveys, and CHAMPUS Reform Initiative Baseline (1988) and Follow-up (1990) Surveys**

The RAND Corporation designed these questionnaires for evaluations of CHAMPUS initiatives. They have a common structure and many questions in common. Questions covered health status, usual source of care, utilization levels, access, and satisfaction. There was also considerable detail on insurance coverage, including type of

coverage and source of payment. The CAM evaluation instrument, titled "Medical Care Evaluation Study," also contained several questions about enrollment in the new programs and satisfaction with them. Review of these questionnaires was very useful in designing questions for the current survey.

### **3. Survey of Veterans (1987)**

This survey was conducted in two interviews, which included questions on the following topics:

- background/personal information,
- disability status,
- sources of payment for health care, insurance coverage,
- use of health care (frequency, type of care),
- medical history,
- knowledge of Veterans Administration (VA) benefits,
- personal assets/debts,
- assets/debts of spouse and children,
- use/knowledge of job training programs,
- residence history, and
- welfare/assistance history.

### **4. Survey of VA Medical System Users (1991)**

This survey asked questions similar to those in the 1987 Survey of Veterans.

### **5. U.S. Army Satisfaction With Medical Care Survey (1992)**

This survey addressed most of the issues required in the current effort, without being as complicated as the 1984 beneficiary survey. Like the current effort, it involved a self-administered questionnaire. It did not address beneficiary knowledge of CHAMPUS rules or general familiarity with the Military Health Services System. Questions were derived from the Group Health Association of America survey. Questions related to:

- satisfaction with access to medical care,
- satisfaction with quality of medical care,
- satisfaction with freedom of choice in medical care,
- other types of health benefits,
- use of MTF and private health care,
- use of preventive care,
- MTF/Medicare preferences for beneficiaries age 65 and older,
- background/personal information, and
- familiarity with/enthusiasm for the Coordinated Care Program.

## **6. 1989 Department of Defense Women's Health Survey**

The 1989 Women's Health Survey was conducted for the Assistant Secretary of Defense for Health Affairs by the Defense Manpower Data Center. The purpose of the survey was to evaluate the adequacy of health services for women on active duty in the military services.

The questionnaire included 86 closed-ended questions contained in four sections. The first covered the standard background and demographic issues which we have noted in other health care surveys. The second section was entitled 'Recent use of medical care facilities' and was concerned with the accessibility and quality of the care received in the facility. The third section addressed 'OB/GYN Care' and the last dealt with 'Other women's health issues.'

The questionnaire asked active-duty women to describe their recent use of medical facilities. Women were asked to rate their satisfaction with their last visit to a military treatment facility and to rate their satisfaction with obstetrical/gynecological (OB/GYN) care at MTFs. In addition, women were asked about access to and satisfaction with routine preventive and pregnancy care. The questionnaire is highly polished and has a professional look. There is a separate page at the end for written comments.

## **7. 1990 DoD Dependents Dental Plan Survey**

This survey was designed to obtain the opinions of military personnel about benefits under the Dependents Dental Plan (DDP★Delta), information related to potential expansion of these benefits, and reasons why unenrolled eligible personnel are not participating in the plan.

DDP enrollees were to be asked to rate their satisfaction with access, quality, and coverage. All respondents were to be asked whether or not they would enroll in two expanded plans. The survey was never fielded due to lack of funding. Nevertheless, it was reviewed for background on dental issues and as a source of questions about dental care.

## **8. U.S. Air Force Health Care Survey (1988 and 1990)**

The surveys for both these years were very similar. Areas covered included:

- background/personal information,
- where beneficiary receives health care,
- reasons for not using MTF care,
- opinions about health care on a Likert (agree/disagree) scale (wording is very similar to the 1984 beneficiary survey), and
- satisfaction with care received.

## **9. Medicare Current Beneficiary Survey (1991)**

The Medicare Current Beneficiary Survey (MCBS) is a much more complex undertaking than the 1984 DoD Health Care Survey. It was reviewed in order to enrich our understanding of medical issues and to understand methods of asking clinical questions. The MCBS is not a mail survey but is conducted by personal interview. Moreover, it is a longitudinal panel survey in which the same set of respondents are interviewed ten times over the course of three years. Like our survey, the MCBS attempts to get information that can be obtained only from a survey. In the case of MCBS, that includes access to care, private insurance coverage, health status and physical functioning of the beneficiary, and income. Like our survey data, the MCBS data will be linked to other data to complete the picture of health care for Medicare beneficiaries and to evaluate health services.

## **10. Report of the Military Health Care Study (1975)**

This study involved two surveys: a household survey that included five interviews at monthly intervals and an encounter survey at MTFs. We reviewed the report of the study [2], which did not include the survey instruments. The results were used to estimate present and future beneficiary populations and utilization rates, to assess the beneficiary satisfaction with the MHSS, and to estimate beneficiary use of other methods of payment for health services. Among other results, the report charts population and utilization, compares military health care quality to that of the civilian sector, and tries to estimate relative costs of MTF care and CHAMPUS to see if it is worthwhile to try to shift care in either direction.

## **11. 1991 Guard/Reserve Survey of Officer and Enlisted Personnel**

This survey was conducted by the National Guard and Reserve components to find out about the experiences of its members before, during, and after Desert Storm. The data were collected to analyze service members' perceptions of social problems they observed during this period with the goal of "formulation of policies which may be needed to improve the working environment." One questionnaire, for those not mobilized, had 62 closed-ended questions divided into five sections pertaining to military background, individual and family characteristics, activation during Desert Storm, civilian work, and military life. A second questionnaire, for those who were mobilized during Desert Storm, had 105 questions organized in a similar manner. There was a separate sheet at the end for written comments.



## **12. 1991 Navy-wide Personnel Survey**

This survey was conducted for the Chief of Naval Personnel by the Navy Personnel Research and Development Center. The data were collected to "evaluate existing and proposed Navy personnel policies, procedures, and programs." The questionnaire had 96 closed-ended questions divided into eight sections pertaining to personnel and career information, rotation and permanent change of station (PCS) moves, recruiting duty, pay and benefits (which includes five detailed questions on medical care), education and leadership, quality of life, organizational climate, and AIDS education. The questions fit well into their sections conceptually without overlapping into other sections. There was a page at the end for written comments. The main part of the questionnaire was highly polished and had a professional look. It was extremely comprehensive and represented a very broad sample of issues whose inherent interest value should elicit carefully completed questionnaires and high response rates. It was successful in focusing on its stated goal.

## **13. 1992 Air Force Health Status Survey**

This survey was conducted for the Department of the Air Force by the Office of Health Policy Research, Office of the Surgeon General. The data were collected to assess the ability of the U.S. Air Force (USAF) "to provide [Air Force personnel] with timely access to quality health care at minimum or no cost." The questionnaire was developed in two forms, one for the sponsor (the person whose military service makes it possible for eligible family members to get military health care benefits) and one for the spouse, and has 41 closed-ended questions divided into two sections pertaining to demographics and the respondent's views about his/her health. There was a page at the end for written comments.

## **14. 1992 DoD Survey of Officers**

This survey was administered by the Department of Defense to officers of the Army, Navy, Marine Corps, and Air Force. The data were collected for the purpose of "sampling attitudes and/or discerning perceptions of social problems observed by service members and to support additional manpower research activities." At the time of this analysis, only the health care-related questions were available, so a comprehensive review of the entire questionnaire was not possible. All the health care questions were well-written, straightforward, and easy to answer. The response options were appropriate to the questions, and the scales used were derived from standard scales with proven reliability and validity. The questions reviewed appeared to relate well to the stated goal of the survey.

### III. PRETEST RESULTS

Once an acceptable version of the questionnaire was developed, the questionnaire was ready for pretesting. The purpose of pretesting is to make sure respondents are interpreting the questionnaire as the authors intended. The interpretation of questions and the range of choices offered is explored as well as the clarity of instructions and appropriateness of the reading level. The questionnaire was pretested at Charleston, South Carolina (Navy/Marine Corps), on July 16-17, 1992; Fort Knox, Kentucky (Army), on July 24, 1992; and Dover, Delaware (Air Force), on August 4, 1992. The service representatives on the Survey Working Group recommended the sites and asked the medical commanders at the sites to recruit pretest respondents for separate meetings of officers, enlisted personnel, and retirees. The total pretest population included 27 officers, 47 enlisted personnel, and 46 retirees.

At each meeting, respondents were asked to fill out the questionnaire, marking any questions or instructions that were difficult to understand, incomplete (i.e., did not have the full range of possible answers), or missed the point. After the questionnaires were completed, the OASD(FM&P) staff member conducting the pretest went through the questionnaire asking for comments about the individual questions. Often, discussion and "stories" accompanied questions. As a result of the first two pretests, the questionnaire was revised for the Dover pretest. Most of the modifications to the pretest versions concerned the wording of questions and the exhaustiveness and exclusivity of the response categories.

For categories of responses to be useful, they must be well-defined, univocal, exhaustive, and, where possible, mutually exclusive. Well-defined means that different researchers working independently will sort the same response into the same category. Univocal means measuring only one behavior or opinion with a single category. Exhaustive means the set of response categories account for all conceivable responses to a particular question. Finally, mutually exclusive means a response can be sorted into only one category. Often, responses to questions with the instructions "Mark all that apply" are not mutually exclusive.

The wording of questions needs to be clear, direct, and unambiguous. For example, some pretest respondents were confused about what was meant by "current

location" in regard to residence; about the expression "living together" as one of the marital status options; and about questions concerning health care finances. There was also some confusion about the category "eligible family members" included in one question, when the question asked for different eligible family members than in other questions.

Some pretest respondents were also confused about whether to include visits to a doctor in a hospital within the category of "outpatient care." Some also misinterpreted the question about who spent the most time with the family member having the most recent visit for outpatient care. Respondents were answering "me," "spouse," or "grandmother," when the question was meant to ask which health care professional spent the most time with the patient. In the section on hospital stays, some people confused the number of hospital stays with number of nights spent in the hospital during each stay. There was also some confusion about the status of deductibles and co-payments; respondents apparently did not know that deductibles and co-payments belong in the category "Your own or your family's money." On the question about last hospitalization, some people entered both "Spouse" and "Child" when the visit was for childbirth.

Some respondents also thought that, while they have a difficult time getting access to military dental care, they were still eligible for dental benefits. That confusion caused them to skip the dental care section of the questionnaire. Also, there was confusion about whether eligibility for dental benefits included family members. On another question, some people apparently thought that the last column labeled "Other" meant "Other medical coverage" instead of "Other family members," which was intended.

The failure to provide an exhaustive range of response possibilities was one of the more common problems with the pretest questionnaire. For example, a number of people entered "None" for "Other (specify)" in one of the questions and "Retired from the military" as the "Other" option in another question. In some cases, the respondent knew nothing about visits for medical care by other family members and a "Don't Know" response category had to be added. On one question, "Allergy shots" and "Follow-up visit after surgery" were added to the response options, and on others, the exclusivity had to be improved since there appeared to be overlap among the choices. It was also important to identify whether the response option "you" meant just the respondent or included family members. For example, it makes a big difference whether you must compensate for the lack of medical services for just yourself or for your entire family.

The results of the pretest were generally encouraging. All of the problems were solved by improving the precision of question wording, by providing additional instructions in concise, simple language, and by clearly defining categories and response options in accordance with the principles of good category design. The reading level established seemed appropriate. Wherever possible, clinical terms were avoided and common terms used. Respondents were queried about what they did not understand about a question so that ambiguities could be resolved or questions rephrased. The length of the questionnaire did not pose a problem for the pretest respondents. Respondents completed the items within the 30 minutes established as a maximum. For single members without dependents and in good health, the questionnaire took only 10 minutes on average to complete.

## **IV. FINAL SURVEY INSTRUMENT**

### **A. OVERVIEW**

The final survey instrument (reproduced as Appendix A) consists of 109 questions organized into the following seven sections plus a Comment Sheet:

- Sponsor and Family Information,
- Health Care Benefits,
- Recent Medical History,
- Most Recent Visit for Outpatient Care,
- Most Recent Hospital Stay,
- Most Recent Dental Visit, and
- General Information.

Each of these sections is described below.

#### **1. Sponsor and Family Information**

The first 19 questions ask for demographic and geographic information, such as family size, location, income, age, employment status, income sources, and income.

#### **2. Health Care Benefits**

In this section (Questions 20-33), the survey addresses CHAMPUS benefits, beneficiaries' insurance coverage, and their knowledge of their military health care benefits. Beneficiaries whose families are eligible for CHAMPUS are asked about the type of coverage and who pays for it. Some basic informational questions are asked to determine respondents' familiarity with the Military Health Services System. All respondents are asked if they know whom to contact or where to get information on various aspects of the system such as DEERS enrollment procedures.<sup>2</sup> Those eligible for CHAMPUS coverage are asked about the level of CHAMPUS deductibles and co-payments.

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<sup>2</sup> The Defense Enrollment Eligibility Reporting System (DEERS) is a system for maintaining control over access to military health care services by authorized persons; enrollment is mandatory for non-emergency medical care.

### **3. Recent Medical History**

The section on recent medical history (Questions 34-49) collects health status and health care utilization data. For each family member, we ask for health status, number of outpatient visits in the last year, number of hospital nights in the last year, number of outpatient visits anticipated in the next year, and whether family members anticipate any inpatient stays in the next year. This information will be a major data source on total utilization by military beneficiaries.

To enrich the utilization analysis, more detailed information is requested for a 'randomly-selected' family member. Random selection is made by choosing the person with the most recent birthday. In other sections of the questionnaire, questions are asked regarding the person with the most recent outpatient visit or hospital stay. For the analyses of satisfaction, questions about the most recent visit will elicit responses from people who are familiar with the system and have used it recently. However, for the analyses of utilization levels, information on the most recent visit is biased toward people who have high utilization, and a randomly-selected family member is therefore more appropriate.

### **4. Most Recent Visit for Outpatient Care**

This section (Questions 50-71) addresses the most recent visit for outpatient care for the person in the family with the most recent visit, provided that visit occurred within the last six months. Questions ask for the reasons for the visit, and the location and type of medical facility visited. Also considered are objective access measures such as the number of phone calls needed to make an appointment, the patient's overall satisfaction with care as well as with specific aspects of the facility and staff, time medical professionals spent with the patient, and sources of funds used to pay for the visit.

### **5. Most Recent Hospital Stay**

This section (Questions 72-89) asks questions parallel to those in the outpatient section, but about the most recent hospital stay. Because patients are more likely to recall a hospital stay than an outpatient visit, respondents are asked to answer the questions if anyone in the family had a hospital stay within the last year. As with outpatient care, respondents are asked to rate their satisfaction with the overall quality of care and with specific aspects of the facility and staff, to report the type and location of the hospital, and to report the sources of funds that were used to pay for the stay. Also asked is whether surgery was performed during the stay and whether the patient was admitted from the emergency room.

## **6. Most Recent Dental Visit**

The section on dental care (Question 90-99) asks for the reason for the most recent visit (provided it is within the last six months), the type and location of the facility, satisfaction with aspects of the facility and staff, and overall satisfaction with the care received.

## **7. General Information**

This section (Questions 100-109) contains questions that did not reasonably belong in any of the previous sections. Respondents are asked about reasons for family members not getting health care when they wanted to, and about satisfaction with the overall military health care benefit. They are also given a list of possible concerns about military treatment facilities (such as difficulty getting an appointment) and are asked if they have any of these concerns. To get respondents' views of alternative medical plans, the questionnaire posits two hypothetical choices, a civilian HMO and a military HMO, and asks respondents whether they would prefer each HMO to the current system, at various charges. Women are asked about their satisfaction with specific aspects of obstetrical and gynecological care, including the ability to get routine tests and availability of appointments. Finally, respondents are asked who completed the questionnaire, when it was completed, and whether they have any comments.

## **8. Comment Sheet**

Enclosed with the questionnaire is a Comment Sheet. The respondent is asked to provide some background information on the Comment Sheet plus his/her written comments. The background information is needed because the Comment Sheet will be separated from the rest of the survey and a random sample of 6,000 will be analyzed.

## **B. ISSUES ADDRESSED BY THE QUESTIONNAIRE**

The questionnaire is designed to address all the congressionally-mandated issues, as well as additional issues that were important to OSD. Table IV-1 contains a cross-reference list of the survey issues and the questions that address them.

**Table IV-1. Survey Issues and Related Questions**

| Survey Issue  | Survey Question Numbers   |
|---|---|
| 1. Access to and use of inpatient and outpatient health care services:                              |   |
| (A) By source of care and source of payment, including private health insurance                     | 24, 25, 27-30, 46, 47, 49, 56-67, 71, 78-80, 82-85, 89, 95-98, 100, 101 |
| (B) In relation to civilian-sector standards established for particular clinical services           | 34-38, 44, 48, 57, 78, 81, 95   |
| 2. Attitudes and knowledge regarding:   |   |
| (A) The quality and availability of health and dental care under the MHSS                           | 20, 26, 68-70, 86-88, 99, 102, 104                                      |
| (B) Their freedom of choice with respect to health care providers and level of health care benefits | 20, 26  |
| (C) The premiums, fees, co-payments, and other charges imposed under the MHSS                       | 20-23, 68-70, 86-88, 99   |
| (D) Any changes in the rules, regulations, or charges that characterize the MHSS                    | 21-23   |
| 3. Valuation of health care benefits  | 31-33   |
| 4. Utilization of preventive health care services   | 45  |
| 5. Satisfaction with OB/GYN services  | 103   |
| 6. Expected utilization of health care facilities in the future                                     | 39, 40  |
| 7. Hypothetical use of new kinds of health plans  | 105, 106  |



## **V. SAMPLING PLAN**

### **A. DEVELOPMENT OF SURVEY SAMPLING PLAN**

Based on related survey analyses and discussions with the Survey Working Group members and staff, a consensus was reached that the variables with the strongest likely impact on the study outcomes (access, utilization, satisfaction, etc.) are beneficiary category, family status (with or without dependents), and geographic region. The beneficiary categories are:

- junior enlisted (E-1 to E-4),
- senior enlisted (E-5 to E-9),
- officers (warrant and commissioned),
- retirees under age 65,
- retirees age 65 and over, and
- survivors of deceased service members.

Active-duty personnel are required to use military treatment facilities for their care unless the required services are unavailable. Family members, however, may use civilian medical facilities for most of their outpatient care, and for inpatient care if they reside more than 40 miles from a military hospital. Junior enlisted personnel tend to be in better health and to have lower family incomes than the other beneficiary groups. These factors will determine freedom of choice in selecting military or civilian health care providers and will affect utilization rates. In addition, the military is a hierarchical system based on rank and, consequently, paygrade and whether one is enlisted or an officer may affect access to health care (this is not a matter of official policy but it is a fact of life in the military). Retirees are older, need more health care, and reside farther from military treatment facilities. Once retirees reach age 65, they become eligible for Medicare and lose their CHAMPUS eligibility. These considerations led to the beneficiary categories given above.

Over the past several years, numerous military health care initiatives and demonstration projects have been implemented across the country. These initiatives vary in scope, features, and cost by geographic region. All are designed to save the government and the beneficiary money by providing more efficient management and delivery of health care services. To facilitate the generation of the sample, Vector Research Incorporated (VRI) developed a mapping of zip codes to the proposed regional stratification groups defined by the health care initiatives and demonstration projects. Estimates of the beneficiary populations in these groups were then produced. Several iterations of the mapping and estimating had to be performed,

because the resulting population estimates often provided information that led to redefinition of the regional stratification groups. At the end of this process, 14 major groups with large beneficiary populations were identified:

- Army Catchment Area Management (CAM) sites,
- Army Gateway to Care sites,
- Navy CAM sites,
- Air Force CAM sites,
- CHAMPUS Reform Initiative (CRI) sites,
- TRICARE (Tidewater region) sites,
- MTFs in overlapping catchment areas,
- Southeast region Fiscal Intermediary/Preferred Provider Organization (FI/PPO),
- PRIMUS/NAVCARE sites,
- New Orleans CRI-like demonstration,
- Noncatchment areas,
- Outside the 50 states,
- No initiatives, and
- Shipboard.

Descriptions of these groups and their associated initiatives are given in Appendix B. Classifying sponsors by family status, survey region, and beneficiary category yields 73 stratification cells (not all combinations are represented). These cells constitute the first stage of the sampling plan.

The traditional rationale for stratification is to use the reduced variance in homogeneous groups to obtain a better estimate of a population parameter (such as a satisfaction rate). That was a factor in the decision to stratify by beneficiary category and region. In the case of this survey, there is a second reason for stratification—to ensure that the sample is large enough to identify any differences in responses among different groups.

## **B. MATCHING ZIP CODES TO SURVEY REGIONS**

Drawing a stratified sample for the beneficiary survey requires a link between the beneficiaries and the various regional stratification groups. The method adopted involves constructing a mapping that first links the zip codes of beneficiaries to catchment and noncatchment areas, and then maps these areas to the regional stratification groups. This section describes the construction of this mapping.

Since inpatient catchment areas (a catchment area is defined as a 40-mile-radius region around a military hospital, with allowances for natural barriers) and noncatchment areas are already mapped to the regional stratification groups, a mapping of beneficiary zip codes to survey groups can be obtained by first mapping the zip codes to inpatient

catchment areas. The Defense Medical Information System (DMIS) maintains an inpatient catchment area directory that served as the starting point for this mapping. Catchment areas for hospitals that are slated for downgrading to clinic or aid station status and eventual closure were deleted. Specifically, catchment areas were deleted if they were defined in the 30 September 1991 DMIS catchment area directory for a hospital that will no longer be a hospital on 30 September 1992, based on the Services' Base Realignment and Closure (BRAC) Act II transition plan.

Beneficiaries with zip codes within 40 miles of more than one hospital are allocated to the closest hospital of the same service branch as their sponsor. However, if the closest hospital of any service branch is more than ten miles closer than the hospital of the same service branch, the beneficiary is assigned to the closest hospital. A noncatchment area in the United States consists of the zip codes within a state that are not in a catchment area.

Besides the inpatient catchment areas defined in the standard DMIS catchment area directory, a special set of additional "catchment areas" were used. These special areas include areas around Uniformed Services Treatment Facilities (formerly Public Health Service hospitals), the New Orleans area, and the area around Fort Drum (the latter two areas were considered because new health care initiatives are being implemented there). Zip codes for each of these areas were also obtained from the DMIS.

Since the unique assignment of beneficiaries to catchment areas in overlapping areas depends on the sponsor service branch and the service branch of military hospitals, assignment to survey groups may also depend on service branch. Beneficiaries in zip codes that are not mapped to catchment areas are assigned to noncatchment areas based on the first three digits of their zip code.

### C. DETERMINATION OF SAMPLE SIZE

The formula for the sample size when a simple random sample is taken within each survey stratification cell is [3]:

$$n = \frac{\frac{t_{\alpha}^2 P(1-P)}{d^2}}{1 + \frac{1}{N} \left( \frac{t_{\alpha}^2 P(1-P)}{d^2} - 1 \right)}$$

$$\approx \frac{n_0}{1 + (n_0/N)} .$$

where  $P$  is the true (unknown) population proportion,  $N$  is the population size,  $d$  is the degree of precision desired,  $t_\alpha$  is the abscissa of the normal probability curve that cuts off an area  $\alpha$  at the tails, and  $n_0 = t_\alpha^2 P(1 - P)/d^2$ . If  $n_0/N$  is negligible, the denominator is effectively equal to 1, and the sample size becomes  $n = n_0$  (if  $n_0/N$  is not negligible within a cell, the effect of assuming it is negligible is to increase the estimate of sample size). Further, if the sample size estimate is scaled to account for expected non-response, the sample size needed is  $n = n_0/r$ , that is,

$$n = \frac{t_\alpha^2 P(1 - P)}{r d^2}, \quad (1)$$

where  $r$  is the response rate.

The sample size estimates for each cell are based on the following assumptions:

- The quantity being measured is a population proportion, such as a satisfaction rate.
- The true population proportion is 0.5. This gives the maximum possible variance in the sample proportion and yields the most conservative (i.e., on the high side) estimate of the sample size needed.
- The degree of precision desired in the estimated proportion is  $\pm 0.05$  (i.e., we want the sample proportion to be within  $\pm 0.05$  of the true population proportion).
- The probability that the sample proportion will be within  $\pm 0.05$  of the true population proportion is 0.95.
- The population size in each cell is effectively infinite, so that finite-sample corrections need not be employed. The effect of this assumption is a more conservative estimate of the necessary sample size.
- The response rate in each cell is 65 percent.

Although it is known from past experience that the response rate will vary by beneficiary type (enlistees, officers, retirees, etc.), service, and other beneficiary attributes, there are two reasons why a constant response rate is assumed for the purpose of sample size computation. First, the total sample size was constrained to a maximum of about 45,000 sponsors. This means that increasing the sample size in cells with low expected response rates will necessarily result in decreasing the sample size in cells with higher expected response rates, that is, good responders will be penalized in favor of poor responders. Second, inflating the sample size to account for expected non-response does not necessarily increase the precision of the quantity being estimated, that is, the response rate will still be low and the estimates will be biased.

Based on the assumptions stated previously,  $\alpha = .025$ ,  $t_{\alpha} = 1.96$ ,  $P = .5$ ,  $d = .05$ , and  $r = .65$ . Substituting these values into equation (1) gives:

$$n = \frac{(1.96)^2 (.5)(.5)}{(.65)(.05)^2} \\ = 591 .$$

This number was rounded down to 590 and became the sample size selected in each cell of the Stage 1 sampling plan. The cells in the sampling plan are defined in the next section.

#### **D. FINAL SAMPLING PLAN**

Tables V-1 and V-2 contain the Stage 1 and Stage 2 sampling plans for the survey. The total planned sample size is about 45,000. The Stage 1 plan was based on the initial framework for the study. The Stage 2 plan was added to accommodate requests for oversampling Army enlisted personnel (RAND Corporation) and reserve retirees (Office of the Assistant Secretary of Defense (Program Analysis and Evaluation)) [OASD(PA&E)].

The Stage 1 sampling plan uses the health care initiatives described in Section A to stratify the active-duty beneficiaries with dependents and the retirees only. The remaining categories are active-duty beneficiaries without dependents, and survivors. The former are required to use military treatment facilities and are unlikely to be greatly affected by the health care initiatives. The latter are relatively few in number and most are over 65 without eligible children. We therefore chose to sample relatively few of these beneficiary groups—590 each of junior enlisted, senior enlisted, officers, and survivors—and not to stratify that part of the sample by health care initiative.

The Stage 2 sampling plan adds 760 Army enlisted personnel, stratified by pay group and catchment area, to the sample. It also adds reserve retirees as a separate group—590 who are under age 65, and 590 who are age 65 and over. The Stage 2 plan was added to accommodate requests for oversampling Army enlisted personnel (RAND Corporation) and reserve retirees [OASD(PA&E)].

Table V-1. Stage 1 Sampling Plan

| REGION                                 | Without Dependents     |                        |          |                        | With Dependents        |          |                        |                        | Retirees<br>Under 65 | Retirees<br>65 and<br>Over | Survivors |
|--|------------------------|------------------------|----------|------------------------|------------------------|----------|------------------------|------------------------|----------------------|----------------------------|-----------|
|  | Enlisted<br>E-1 to E-4 | Enlisted<br>E-5 to E-9 | Officers | Enlisted<br>E-1 to E-4 | Enlisted<br>E-5 to E-9 | Officers | Enlisted<br>E-1 to E-4 | Enlisted<br>E-5 to E-9 |                      |                            |           |
| Army CAM Sites                         |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| Army Gateway to<br>Care Sites          |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| Navy CAM Sites                         |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| Air Force CAM Sites                    |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| CRI Regions                            |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| Tidewater Region                       |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| MTFs in Overlapping<br>Catchment Areas |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| Southeast Region<br>FI/PP0             |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| PRIMUS/NAVCARE<br>Sites                |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| New Orleans CRI-<br>Like Demonstration |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| Noncatchment Areas                     |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| Outside the 50 States                  |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| No Initiatives                         |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    | 590                  | 590                        |           |
| Shipboard                              |                        |                        |          | 590                    | 590                    | 590      | 590                    | 590                    |                      |                            |           |
| <b>Total</b>                           | 590                    | 590                    | 590      | 8,260                  | 8,260                  | 8,260    | 8,260                  | 8,260                  | 7,670                | 7,670                      | 590       |

**Table V-2. Stage 2 Sampling Plan**

| <b>Army Catchment Area</b> | <b>Army Enlisted E-1 to E-4</b> | <b>Army Enlisted E-5 to E-9</b> | <b>Reserve Retirees Under 65</b> | <b>Reserve Retirees 65 and Over</b> |
|----------------------------|---------------------------------|---------------------------------|----------------------------------|-------------------------------------|
| <b>Area 1</b>              | 10                              | 10                              |                                  |                                     |
| <b>Area 2</b>              | 10                              | 10                              |                                  |                                     |
| <b>Area 3</b>              | 10                              | 10                              |                                  |                                     |
| <b>⋮</b>                   | <b>⋮</b>                        | <b>⋮</b>                        |                                  |                                     |
| <b>Area 38</b>             | 10                              | 10                              |                                  |                                     |
| <b>Total</b>               | 380                             | 380                             | 590                              | 590                                 |

## **VI. SURVEY SCHEDULE AND PREPARATION FOR ANALYSIS**

### **A. SURVEY SCHEDULE**

The final comments of the Survey Working Group and the Integration and Study Management Group were incorporated and the questionnaire prepared for printing. The survey was fielded in late November 1992. Table VI-1 shows the survey mailing schedule and intended recipients.

**Table VI-1. Survey Mailing Schedule**

| <b>Mailing</b> | <b>Approximate Date</b> | <b>Recipients</b>                  |
|----------------|-------------------------|------------------------------------|
| First          | Late November 1992      | Active-duty sponsors and retirees  |
| Second         | Late February 1993      | Active-duty sponsors and retirees  |
| Third          | Early March 1993        | Survivors                          |
| Fourth         | Mid-April 1993          | Active-duty sponsors and survivors |

Responses will be accepted through mid-May 1993. Shortly thereafter, a final data tape will be prepared and analyses will be performed. The final report of the survey analysis results will be delivered in time to integrate the diverse aspects of the study into a final report to Congress in December 1993.

### **B. PREPARATION FOR ANALYSIS**

Four preparatory steps are required before the survey data are ready for analysis:

- augment the database with demographic and geographic information,
- perform data integrity checks and prepare final analysis file,
- weight the survey data, and
- perform tabulations of survey responses.

These steps are explained in the following subsections.

#### **1. Augment the Database With Demographic and Geographic Information**

The purpose of augmentation is to increase the analytical capabilities by using data not included in the survey. A description of the augmentation of the beneficiary survey data, including the classes of information and potential sources that could be used is as follows:

- *Location information.* Using the zip code and sponsor service branch of the respondent, in combination with the catchment area directory, we can assign the



respondent to a catchment area. This assignment will link the respondent to a variety of information about the catchment area (see *Catchment Area Military Resources*, discussed next). The survey also asks the respondent to identify where care was provided. The zip code of the respondent and the zip code of the facility providing care can be used in combination with latitude and longitude coordinates of zip code centroids to estimate the distance to the facility.

- *Catchment Area Military Resources.* The amount of direct care workload capacity in the area can be described in terms of the amount of health care workload that was provided by military treatment facilities. This workload can be described in terms of visits and dispositions, or in terms of adjusted case mix by inpatient work units and ambulatory work units. Information regarding numbers of non-availability statements (statements issued by MTFs indicating that space or needed services are unavailable at the facility and authorizing care under CHAMPUS) issued also helps describe the military resources available.
- *Catchment Area Civilian Resources.* The Area Resource file contains information regarding civilian resources by county. The degree to which counties can be matched with catchment areas will determine the feasibility of using this source of information. Any zip code information can be easily mapped to catchment area.
- *Catchment Area Demographics.* The demographic composition of the catchment area is readily available through the DMIS catchment area beneficiary population reports. Data available include estimates of the population by beneficiary type (active duty, dependents of active duty, retired, dependents of retired, survivor of deceased sponsor), age group, sex, and service branch. The data used to produce the standard reports also include age and rank of active-duty sponsor.
- *Respondent Information.* Both respondents and non-respondents to the survey can be linked to their DEERS records and to personnel files. Thus, we will be able to determine whether respondents differ demographically from non-respondents. When FY92 Biometrics (detailed individual patient workload data for care received in MTFs) and CHAMPUS claims data become available, it may even be possible to determine whether frequent users of the military medical system were more likely than occasional users to have responded to the survey.

## **2. Perform Data Integrity Checks and Prepare Final Analysis File**

Invalid and inconsistent responses need to be screened and, if possible, resolved. Data integrity checks will first be performed to identify inconsistent responses (for example, a sponsor indicating no dependents in one question but responding to other questions about care received by family members). Whenever possible, algorithms for resolving inconsistent responses will be developed and the affected responses will be changed to eliminate the inconsistencies.

## **3. Weight the Survey Data**

At a minimum, the sample responses will be weighted to reflect the population distributions of the variables used to stratify the sample. In addition, weights will be created to reflect survey non-response rates (for the entire survey, not individual items) and other post-stratification variables (i.e., variables, such as service, not used for stratification at the design stage) thought to influence the population parameters of interest (access, satisfaction, etc.).

## **4. Perform Tabulations of Survey Responses**

Initial analyses will be relatively simple, involving primarily weighted tabulations, such as the percentage of the sample or a subsample responding in a given way to a question, and graphs to aid in the visualization of relationships among variables. Depending on the results of the initial exploratory analyses, more complex methods, such as regression, logit, ordered logit, or analysis of variance will be used to examine and test the relationships underlying the tabular or graphical results.

**APPENDIX A**  
**THE 1992 DoD HEALTH CARE SURVEY**



## 1992 DoD Health Care Survey

### SURVEY PURPOSE

The Department of Defense is conducting an effort to evaluate and improve the Military Health Services System. As part of this effort, DoD is conducting a survey of recipients of military health care benefits to examine (1) access to and use of inpatient and outpatient medical care services and (2) attitudes and knowledge regarding the Military Health Services System's policies, benefits, and costs. You and your family have been selected to participate in this important survey. Please read the instructions before you begin the questionnaire.

### PRIVACY NOTICE

**AUTHORITY:** 10 U.S.C. 136

**PRINCIPAL PURPOSE OR PURPOSES:**  
Information collected in this survey will be used to sample attitudes toward and use of the Military Health Services System. This information will assist in the formulation of policies that may be needed to improve the Military Health Services System.

**ROUTINE USES:** None

**DISCLOSURE:** Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that the data will be complete and representative. Your survey questionnaire will be treated as confidential. Any identifiable information will be used only by persons engaged in, and for the purposes of, the survey. Only group statistics will be reported.

U.S. GOVERNMENT PRINTING OFFICE: 1993-013-0000013



PLEASE DO NOT MARK IN THIS AREA

23028

## INSTRUCTIONS FOR COMPLETING THE SURVEY

- Please use a No. 2 pencil.



- Make heavy black marks that fill the circle for your answer.
- Please do not make stray marks of any kind.

### INCORRECT MARKS

**CORRECT MARK**

- Unless otherwise specified in the instructions for a question, only one answer should be marked.

**Example:**

**How would you describe your health in general?**

- ☒ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

If your answer is "Excellent," then mark just one circle as shown above.

- Sometimes you will be asked to "Mark ALL that apply." When this instruction appears, you may mark more than one answer.

**Example:**

**Who completed this questionnaire? Mark ALL that apply.**

- ☒ Active-duty or retired service member  
☒ Spouse of active-duty, retired, or deceased service member  
☐ Son or daughter of active-duty, retired, or deceased service member  
☐ Parent of active-duty, retired, or deceased service member  
☐ Other family member (relationship) \_\_\_\_\_  
☐ Non-family member (specify) \_\_\_\_\_

**If your answer is "Active-duty or retired service member" and "Spouse of active-duty, retired, or deceased service member," then mark those two circles clearly.**

- Sometimes you will be asked to "Mark ALL that apply" for each item in a Net. When this instruction appears, you may mark more than one answer for each item.

**Example:**

**Who in your family is now covered by any of the following health insurance programs? Mark all that apply.**

|   | Standard              | Supplemental                     |
|---|-----------------------|----------------------------------|
| Standard CHAMPUS  | <input type="radio"/> | <input checked="" type="radio"/> |
| CHAMPUS supplemental insurance  | <input type="radio"/> | <input type="radio"/>            |
| Medicare Part B   | <input type="radio"/> | <input type="radio"/>            |
| Private health insurance (Blue Cross/Blue Shield, Prudential, AARP, etc) or HMO (Health Maintenance Organization) | <input type="radio"/> | <input checked="" type="radio"/> |
| Other (specify) _____   | <input type="radio"/> | <input type="radio"/>            |

- Sometimes you will be asked to enter a number in a row of boxes. When this occurs, you should write the requested information in the row of boxes and blacken the corresponding circles under the numbers you wrote.

**Example:**

**How long (in minutes) did it take you to complete this questionnaire?**

- Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.

- Fill in the unused boxes with zeros.

- Then, mark the matching circle below each box.

|   |   |   |
|---|---|---|
| 0 | 2 | 6 |
| ● | ● | ● |
| ① | ① | ① |
| ② | ● | ③ |
| ③ | ③ | ③ |
| ④ | ④ | ④ |
| ⑤ | ⑤ | ⑤ |
| ⑥ | ⑥ | ● |
| ⑦ | ⑦ | ⑦ |
| ⑧ | ⑧ | ⑧ |
| ⑨ | ⑨ | ⑨ |

- Sometimes you will be asked to "Mark one answer for each item." When this instruction appears, mark the answer that best applies for each item in the list.

**Example:** How satisfied are you with the following aspects of your CHAMPUS benefits? Mark one answer for each item.

|   | Very Satisfied | Satisfied | Mixed/Neither | Dissatisfied | Very Dissatisfied | Does not apply/Don't know |
|---|----------------|-----------|---------------|--------------|-------------------|---------------------------|
| Doctors' willingness to file CHAMPUS claims   | ●              | ○         | ○             | ○            | ○                 | ○                         |
| CHAMPUS claims filing procedures              |                | ○         | ●             | ○            | ○                 | ○                         |
| Timely solving of claims problems             | ○              | ○         | ○             | ●            | ○                 | ○                         |
| Time waiting for payments from CHAMPUS        | ○              | ○         | ○             | ○            | ●                 | ○                         |
| Amount of CHAMPUS deductible                  | ○              | ●         | ○             | ○            | ○                 | ○                         |
| Amount of CHAMPUS copayment                   | ○              | ●         | ○             | ○            | ○                 | ○                         |
| Services and procedures covered by CHAMPUS    | ○              | ○         | ●             | ○            | ○                 | ○                         |
| Ease of obtaining a Nonavailability Statement | ○              | ○         | ○             | ○            | ○                 | ●                         |

## I SPONSOR AND FAMILY INFORMATION

In this section, you will be asked questions about the sponsor and family. By sponsor we mean the person whose military service makes it possible to get military health care benefits. If you are a survivor of a deceased service member, please answer for that deceased service member. If both the sponsor and spouse are active-duty or retired service members, consider the sponsor to be the person to whom this survey is addressed.

1. What is the sponsor's current paygrade or retirement paygrade? Please answer for active-duty, retired, or deceased service member.

| Enlisted                  | Warrant Grade             | Officer Grade                     |
|---------------------------|---------------------------|-----------------------------------|
| <input type="radio"/> E-1 | <input type="radio"/> W-1 | <input type="radio"/> O-1         |
| <input type="radio"/> E-2 | <input type="radio"/> W-2 | <input type="radio"/> O-2         |
| <input type="radio"/> E-3 | <input type="radio"/> W-3 | <input type="radio"/> O-3         |
| <input type="radio"/> E-4 | <input type="radio"/> W-4 | <input type="radio"/> O-4         |
| <input type="radio"/> E-5 | <input type="radio"/> W-5 | <input type="radio"/> O-5         |
| <input type="radio"/> E-6 |                           | <input type="radio"/> O-6         |
| <input type="radio"/> E-7 |                           | <input type="radio"/> O-7 to O-10 |
| <input type="radio"/> E-8 |                           |                                   |
| <input type="radio"/> E-9 |                           |                                   |

2. Is the sponsor:

☐ Male  
☐ Female

3. What was the sponsor's age on his/her last birthday?

☐ Does not apply, sponsor is deceased

• Write the numbers in the boxes.

• Then, mark the matching circle below each box.

|   |   |
|---|---|
|   |   |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

4. Is the sponsor of Hispanic/Spanish origin or descent?

☐ Yes  
☐ No

5. What is the sponsor's race?

☐ White/Caucasian  
☐ Black/African-American  
☐ Oriental/Asian or Pacific Islander  
☐ Native American or Alaskan Native  
☐ Other (specify) \_\_\_\_\_

6. What is the highest school grade or academic degree that the sponsor has?

☐ Less than 12 years of school (no diploma)  
☐ GED or other high school equivalency certificate  
☐ High school diploma  
☐ Some college, but did not graduate  
☐ 2-year college degree (AA/AS)  
☐ 4-year college degree (BA/BS)  
☐ Some graduate school, but no post-graduate degree  
☐ Post-graduate degree

7. What is the location of the sponsor's current living quarters?

☐ Does not apply, sponsor is deceased.  
GO TO QUESTION 12  
☐ Unaccompanied base quarters (include BEQ, BOQ, MOQ, Transient Personnel Bldg, barracks)  
☐ Base family housing  
☐ Off-base, military-provided housing  
☐ Civilian housing (rented or owned)  
☐ Aboard ship  
☐ Navy lodge  
☐ Other (specify) \_\_\_\_\_

8. What is the ZIP code, APO code, or FPO code of the sponsor's current living quarters (including aboard ship)?

• Write the numbers in the boxes.

• Then, mark the matching circle below each box.

|   |   |   |   |   |
|---|---|---|---|---|
|   |   |   |   |   |
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

9. How long has the sponsor lived at his/her current living quarters (including aboard ship)?

☐ 3 months or less  
☐ Between 3 and 6 months  
☐ Between 6 and 12 months  
☐ Over 12 months

10. Is the sponsor currently married?

☐ No, GO TO QUESTION 16  
☐ Yes, living in same quarters as spouse.  
GO TO QUESTION 13  
☐ Yes, not living in same quarters as spouse

11. How long have the sponsor and current spouse lived in separate living quarters?

☐ 3 months or less  
☐ Between 3 and 6 months  
☐ Between 6 and 12 months  
☐ Over 12 months

|   |   |   |   |   |
|---|---|---|---|---|
|   |   |   |   |   |
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

12. What is the ZIP code, APO code, or FPO code of the SPOUSE's current living quarters? Please answer for the spouse of the sponsor (the active-duty, retired, or deceased service member).

• Write the numbers in the boxes.

• Then, mark the matching circle below each box.



PLEASE DO NOT MARK IN THIS AREA

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13. What is (was) the status of the SPOUSE's military service? Please answer for the spouse of the sponsor (the active-duty, retired, or deceased service member).

- ☐ Spouse never served in the military,  
GO TO QUESTION 15
- ☐ Spouse a former service member but not retired
- ☐ Spouse a retired service member
- ☐ Spouse currently on active duty
- ☐ Spouse currently in the Guard/Reserve

14. What is (was) the SPOUSE's highest paygrade?

- ☐ Not sure
- |                           |                           |                                   |
|---------------------------|---------------------------|-----------------------------------|
| Enlisted                  | Warrant Grade             | Officer Grade                     |
| <input type="radio"/> E-1 | <input type="radio"/> W-1 | <input type="radio"/> O-1         |
| <input type="radio"/> E-2 | <input type="radio"/> W-2 | <input type="radio"/> O-2         |
| <input type="radio"/> E-3 | <input type="radio"/> W-3 | <input type="radio"/> O-3         |
| <input type="radio"/> E-4 | <input type="radio"/> W-4 | <input type="radio"/> O-4         |
| <input type="radio"/> E-5 | <input type="radio"/> W-5 | <input type="radio"/> O-5         |
| <input type="radio"/> E-6 |                           | <input type="radio"/> O-6         |
| <input type="radio"/> E-7 |                           | <input type="radio"/> O-7 to O-10 |
| <input type="radio"/> E-8 |                           |                                   |
| <input type="radio"/> E-9 |                           |                                   |

15. What was the SPOUSE's age on his/her last birthday?

- Write the numbers in the boxes.
- Then, mark the matching circle below each box.

|   |   |
|---|---|
|   |   |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

16. Other than the sponsor and spouse, how many CURRENTLY ELIGIBLE (for military medical benefits) family members are there in each of the following age groups? Mark the number of family members in each age group as of their last birthday. Include ELIGIBLE family members from all marriages. Please answer both Part A and Part B.

☐ No other eligible family members

|                             | Part A:<br>Number of Eligible<br>Family Members | Part B:<br>Number Who<br>Live With Sponsor |
|-----------------------------|---|--|
| Under 1 year old            | 0 1 2 3 4 5 6                                   | 0 1 2 3 4 5 6                              |
| Between 1 and 5 years old   | 0 1 2 3 4 5 6                                   | 0 1 2 3 4 5 6                              |
| Between 6 and 18 years old  | 0 1 2 3 4 5 6                                   | 0 1 2 3 4 5 6                              |
| Between 19 and 23 years old | 0 1 2 3 4 5 6                                   | 0 1 2 3 4 5 6                              |
| Between 24 and 64 years old | 0 1 2 3 4 5 6                                   | 0 1 2 3 4 5 6                              |
| Over 64 years old           | 0 1 2 3 4 5 6                                   | 0 1 2 3 4 5 6                              |

17. What is the current employment status for the sponsor and spouse? Mark ALL that apply.

|   | Sponsor               | Spouse                |
|---|-----------------------|-----------------------|
| On military active duty                               | <input type="radio"/> | <input type="radio"/> |
| Retired from military service                         | <input type="radio"/> | <input type="radio"/> |
| Work for employer 35 hours or more per week           | <input type="radio"/> | <input type="radio"/> |
| Work for employer 20-34 hours per week                | <input type="radio"/> | <input type="radio"/> |
| Work for employer less than 20 hours per week         | <input type="radio"/> | <input type="radio"/> |
| Work for employer a variable number of hours per week | <input type="radio"/> | <input type="radio"/> |
| Self-employed   | <input type="radio"/> | <input type="radio"/> |
| In school   | <input type="radio"/> | <input type="radio"/> |
| Unemployed, looking for work                          | <input type="radio"/> | <input type="radio"/> |
| Disabled, unable to work                              | <input type="radio"/> | <input type="radio"/> |
| Retired from civilian employment                      | <input type="radio"/> | <input type="radio"/> |
| Homemaker   | <input type="radio"/> | <input type="radio"/> |
| Unpaid volunteer                                      | <input type="radio"/> | <input type="radio"/> |
| Other (specify) _____                                 | <input type="radio"/> | <input type="radio"/> |







24. During the past 12 months, how many times did you or ELIGIBLE members of your family use a CIVILIAN medical doctor, clinic, or hospital for medical care WITHOUT FILING A CHAMPUS CLAIM? Please count visits for services only if CHAMPUS might have paid for them. Do not count visits for prescriptions.

- ☐ Does not apply, no eligible family members used a civilian medical facility during the past 12 months. GO TO QUESTION 26
- ☐ Always filed a CHAMPUS claim. GO TO QUESTION 26
- ☐ Did not file a claim once or twice
- ☐ Did not file a claim 3 or 4 times
- ☐ Did not file a claim 5 or more times
- ☐ Don't know. GO TO QUESTION 26

25. During the past 12 months, what were the reasons you did NOT file a CHAMPUS claim for your family's visits for medical care to civilian medical facilities? Mark ALL that apply:

- ☐ There were no charges for the medical care received
- ☐ Didn't obtain a Nonavailability Statement (NAS) before care was received
- ☐ Wasn't worth the hassle of filing a CHAMPUS claim
- ☐ CHAMPUS deductible not met
- ☐ Doctor did not accept CHAMPUS
- ☐ Other insurance covered all or most of the charges
- ☐ Payments from CHAMPUS take too long
- ☐ Not eligible for CHAMPUS at time of care
- ☐ Not enrolled in DEERS
- ☐ Didn't have to file a claim for payment
- ☐ CHAMPUS didn't cover the type of care received
- ☐ Another reason (specify) \_\_\_\_\_

26. How satisfied are you with the following aspects of your CHAMPUS benefits? Mark one answer for each item.

|   | Very Satisfied        | Satisfied             | Mixed/Neither         | Dissatisfied          | Very Dissatisfied     | Does not apply/Don't know |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| Doctors' willingness to file CHAMPUS claims   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| CHAMPUS claims filing procedures              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Time it takes to solve claims problems        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Time waiting for payments from CHAMPUS        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Amount of CHAMPUS deductible                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Amount of CHAMPUS copayment                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Services and procedures covered by CHAMPUS    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Ease of obtaining a Nonavailability Statement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |

27. Do you or any members of your family currently use any of the following military health care programs?

- ☐ CHAMPUS Prime or CHAMPUS EXTRA
- ☐ Army Gateway to Care
- ☐ Army Catchment Area Management (CAM)
- ☐ Air Force MEDEXCEL
- ☐ Navy CAMCHAS PRIME
- ☐ None of the above

28. Are you or any members of your family ELIGIBLE for PRIVATE medical insurance, such as Blue Cross/Blue Shield, Prudential, Aetna, or another PRIVATE insurance company? Please count employer-sponsored insurance plans and prepaid health plans or HMOs (Health Maintenance Organizations). Do not count CHAMPUS or MEDICARE.

- ☐ Yes
- ☐ No

29. Who in your family is now covered by any of the following health insurance programs? Mark ALL that apply:

|  | Sponsor               | Spouse                |
|--|-----------------------|-----------------------|
| Standard CHAMPUS   | <input type="radio"/> | <input type="radio"/> |
| CHAMPUS supplemental insurance (Medical insurance you usually get through military or retiree associations. It helps pay the amount due after CHAMPUS pays its share of charges for medical care.) | <input type="radio"/> | <input type="radio"/> |
| Medicare Part B  | <input type="radio"/> | <input type="radio"/> |
| Private health insurance (Blue Cross/Blue Shield, Prudential, AARP, etc.) or a prepaid health plan or HMO (Health Maintenance Organization)  | <input type="radio"/> | <input type="radio"/> |
| Other (specify) _____  | <input type="radio"/> | <input type="radio"/> |

30. If any members of your family are covered by a prepaid health plan or HMO (Health Maintenance Organization), or by other private health insurance, who pays for this insurance? Mark ALL that apply:

- ☐ Does not apply, do not have this type of plan
- ☐ Cost paid entirely by myself or my family
- ☐ Cost shared by my family and current or former employers
- ☐ Cost paid entirely by current or former employers
- ☐ Other (specify) \_\_\_\_\_



35. During the past 12 months, did you or any ELIGIBLE family members visit a medical doctor or assistant at any type of military or civilian hospital, clinic, or doctor's office? DO NOT count doctors seen while an overnight patient in a hospital, dental care, or visits to pick up prescriptions.

☐ Yes ☐ No, GO TO QUESTION 37

36. During the past 12 months, how many times did you or any ELIGIBLE family members visit a medical doctor or assistant at any type of military or civilian hospital, clinic, or doctor's office? DO NOT count doctors seen while an overnight patient in a hospital, dental care, or visits to pick up prescriptions. Your best guess will do.

|  | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10+ |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Sponsor  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Spouse   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Children (Enter first names below from oldest to youngest) |     |     |     |     |     |     |     |     |     |     |     |
| Child 1  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 2  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 3  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 4  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 5  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 6  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 7  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 8  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 9  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 10   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Other family members (Enter relationship below)            |     |     |     |     |     |     |     |     |     |     |     |
| Family member 1  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Family member 2  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |

37. During the past 12 months, did you or any ELIGIBLE family members stay OVERNIGHT as a patient in a civilian or military hospital?

☐ Yes ☐ No, GO TO QUESTION 39

38. During the past 12 months, how many nights did you or any ELIGIBLE family member stay OVERNIGHT as a patient in a civilian or military hospital? Your best guess will do.

|   | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10+ |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Sponsor   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Spouse  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Children (Enter first names below, from oldest to youngest) |     |     |     |     |     |     |     |     |     |     |     |
| Child 1   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 2   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 3   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 4   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 5   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 6   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 7   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 8   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 9   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Child 10  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Other family members (Enter relationship below)             |     |     |     |     |     |     |     |     |     |     |     |
| Family member 1   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Family member 2   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |

Do not expect any family members to visit a medical doctor in the next 12 months

[illegible]

**Do not expect any family members to have any hospital stays in the next 12 months**

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Sponsor  | <input type="radio"/> | <input type="radio"/> |
| Spouse   | <input type="radio"/> | <input type="radio"/> |
| Children (Enter first names below, from<br>oldest to youngest) | <input type="radio"/> | <input type="radio"/> |
| Child 1 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 2 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 3 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 4 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 5 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 6 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 7 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 8 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 9 _____  | <input type="radio"/> | <input type="radio"/> |
| Child 10 _____   | <input type="radio"/> | <input type="radio"/> |
| Other family members (Enter relationship<br>below)             | <input type="radio"/> | <input type="radio"/> |
| Family member 1 _____  | <input type="radio"/> | <input type="radio"/> |
| Family member 2 _____  | <input type="radio"/> | <input type="radio"/> |

Other family member (Enter family member number as listed in QUESTION 40)

☐ Male  
☐ Female

☐ Less than 1 year old

- Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.
- Fill in the unused boxes with zeros.
- Then, mark the matching circle below each box.

|   |   |
|---|---|
|   |   |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

☒ ☐

PLEASE DO NOT MARK IN THIS AREA

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44. During the past 12 months, did this family member (the one with the LAST BIRTHDAY) have any of the following medical conditions? Mark ALL that apply.

- ☐ Did not have any medical problems during the past 12 months
- ☐ Chronic bronchitis, asthma, emphysema, or other severe lung problems
- ☐ Chest pain, heart attack, or angina
- ☐ High blood pressure (hypertension)
- ☐ Varicose veins
- ☐ Hemorrhoids
- ☐ Diabetes or pre-diabetes (sugar in blood, sugar disease)
- ☐ Joint problems (including arthritis, gout, rheumatism)
- ☐ Back problems (including disc, spine, or hip impairments)
- ☐ Cancer (except skin cancer)
- ☐ Skin cancer
- ☐ Depression or other mental health conditions
- ☐ Hay fever or other allergies
- ☐ Overweight problems
- ☐ Trouble with alcohol or drugs
- ☐ Stomach flu or virus (gastroenteritis) with vomiting or diarrhea
- ☐ Sore throat, cold, or flu, lasting more than 3 days
- ☐ Frequent digestive upsets, stomach trouble, or intestinal trouble
- ☐ Bladder or urinary tract problems
- ☐ Vision problems
- ☐ Hearing problems
- ☐ Prostate trouble
- ☐ Menstrual troubles (irregular bleeding, bleeding between periods, chronic infection, or menopausal problems)
- ☐ Some other problems (specify) \_\_\_\_\_
- ☐ Don't know

45. During the past 12 months, did this family member (the one with the LAST BIRTHDAY) see a doctor or other health care provider for any of the following preventive health services? Mark ALL that apply.

- ☐ Routine physical exam
- ☐ Immunizations
- ☐ Cholesterol test
- ☐ Other blood test
- ☐ Blood pressure check
- ☐ HIV test (AIDS)
- ☐ Tuberculin (TB) test
- ☐ Electrocardiogram (test for heart irregularities)
- ☐ Examination for skin cancer
- ☐ Testicular examination
- ☐ Prostate examination
- ☐ Breast examination
- ☐ Mammogram
- ☐ Pap smear
- ☐ Rectal examination
- ☐ Counseling or instruction to promote healthy lifestyle changes
- ☐ Some other preventive health service (specify) \_\_\_\_\_
- ☐ Did not have any visits for preventive health services during the past 12 months
- ☐ Don't know

46. Which of the following places does this family member (the one with the LAST BIRTHDAY) USUALLY go to when sick or when advice is needed about his/her health? DO NOT include places this family member goes to for dental care. Mark ALL that apply.

- ☐ Military hospital outpatient clinic
- ☐ Military hospital emergency room
- ☐ PRIMUS or NAVCARE clinic
- ☐ Veterans Administration (VA) hospital outpatient clinic
- ☐ Civilian doctor's office
- ☐ Civilian hospital emergency room
- ☐ Civilian prepaid health plan or HMO (Health Maintenance Organization)
- ☐ Another type of military place (specify) \_\_\_\_\_
- ☐ Another type of civilian place (specify) \_\_\_\_\_
- ☐ Don't know

47. During the past 12 months, how many times did this family member (the one with the LAST BIRTHDAY) visit a medical doctor or assistant at any of the following places for his or her OWN MEDICAL CARE? DO NOT count doctors seen while an overnight patient in a hospital, dental care, or visits to pick up prescriptions. Your best guess will do.

☐ Does not apply, this family member did not visit a doctor or assistant during the past 12 months

|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ |
|--|---|---|---|---|---|---|---|---|---|---|-----|
| Military or field/fleet hospital or clinic (not including sick call) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |
| For active-duty sponsors only:                                       |   |   |   |   |   |   |   |   |   |   |     |
| Sick call visits to a military hospital or clinic                    | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |
| Civilian doctor's office, hospital, or clinic                        | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |
| PRIMUS or NAVCARE clinic   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |
| Veterans Administration (VA) hospital or clinic                      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |
| Another type of place (specify) _____                                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |

☐ Don't know

☐ Does not apply, this family member had no hospital stays during the past 12 months.

☐ Had a stay but don't know what type of place

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ |
|---|---|---|---|---|---|---|---|---|---|-----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  |

**Note: The new military health care programs have different names in different areas. They are called Catchment Area Management, CAM, Gateway to Care, MEDEXCEL, CAMCHAS PRIME, CHAMPUS PRIME, and CHAMPUS EXTRA.**

- ☐ Does not apply, this family member is not eligible for CHAMPUS
- ☐ Does not apply, this family member did not receive any civilian care in the past 12 months
- ☐ Yes, used CHAMPUS to pay for ALL of this family member's civilian care
- ☐ Yes, used CHAMPUS to pay for MOST of this family member's civilian care
- ☐ Yes, used CHAMPUS to pay for SOME of this family member's civilian care
- ☐ No, did not use CHAMPUS to pay for any of this family member's civilian care

In this section, you will be asked questions about the most recent visit for outpatient care, to either a civilian or military medical facility, by a family member (sponsor, spouse, child, or other dependent) who is eligible to receive military medical benefits. By outpatient care we mean any service or procedure that does not require an overnight stay in the hospital. This includes visits to doctors, clinics, hospitals, and emergency rooms if not admitted. It does not include visits for dental care, oral surgery, or prescriptions.

**50. Which ELIGIBLE family member made the MOST RECENT visit for outpatient care? If 2 or more family members made an outpatient visit at the same time, please select the oldest. If possible, please consult this person for the remainder of this section.**

- ☐ Sponsor, GO TO QUESTION 53
- ☐ Spouse, GO TO QUESTION 53
- ☐ Child
- ☐ Other family member (specify) \_\_\_\_\_

☐ Male

☐ Female

☐ Less than 1 year old

- Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.

• Fill in the unused boxes with zeros.

• Then, mark the matching circle below each box.

|   |   |
|---|---|
|   |   |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

53. How would you describe the health of this family member (the one with the MOST RECENT outpatient visit) in general?

- ☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

**54. Thinking about this family member's MOST RECENT visit for outpatient care (do not include visits for dental care, or prescriptions), when was it?**

- ☐ Within the last 30 days
- ☐ Between 1 and 3 months ago
- ☐ Between 3 and 6 months ago
- ☐ More than 6 months ago. GO TO QUESTION 72

**If this family member's most recent outpatient visit to a medical facility was 6 months ago or less, please answer the following questions. Otherwise GO TO QUESTION 72.**

**55. Did this family member live with the sponsor at the time of the MOST RECENT outpatient visit?**

- ☐ Does not apply, this family member is the sponsor  
☐ Yes  
☐ No

**PLEASE DO NOT MARK IN THIS AREA**

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56. Is this family member enrolled in a Primary Care Clinic at a Military Medical Treatment Facility?

- ☐ No  
☐ Yes, Family Practice  
☐ Yes, Internal Medicine  
☐ Yes, Pediatrics  
☐ Yes, Ambulatory Gynecology (GYN)  
☐ Yes, Other (specify) \_\_\_\_\_  
☐ Don't know

57. What were the reasons for this family member's MOST RECENT outpatient visit? Mark ALL that apply.

- ☐ Routine pediatric care  
☐ Allergy shots  
☐ Pre-natal care (pregnancy)  
☐ Other Obstetric/Gynecological (OB/GYN) services  
☐ Follow-up after surgery or hospital stay  
☐ Sexually-transmitted diseases  
☐ Treatment for recurring, long-term illness  
☐ Treatment for short-term illness (cold, flu, etc.)  
☐ Treatment for injuries (not requiring overnight stay)  
☐ Minor surgery (any surgery not requiring overnight stay)  
☐ Mental health care  
☐ Alcohol or drug treatment  
☐ Physical or occupational therapy  
☐ Eye care or vision problems  
☐ Ear care or hearing problems  
☐ Routine medical examination, blood test, X-rays, etc.  
☐ Other (specify) \_\_\_\_\_  
☐ Don't know

58. What type of medical facility did this family member use for the MOST RECENT outpatient visit?

- ☐ Military hospital emergency room  
☐ Military or field/fleet hospital, clinic, or dispensary (including sick call)  
☐ Civilian hospital emergency room  
☐ Civilian doctor's office, hospital, or clinic  
☐ Veterans Administration (VA) hospital or clinic  
☐ Another type of place (specify) \_\_\_\_\_  
☐ Don't know

59. What is the location of the medical facility this family member used for the MOST RECENT outpatient visit?

- ☐ Within the 50 American states  
☐ Outside the 50 American states  
☐ Aboard ship

60. If this family member's MOST RECENT outpatient visit was to a Military Medical Treatment Facility within the 50 American states, please mark the place used from the list below.

**ALABAMA**

- ☐ Fort McClellan  
☐ Fort Rucker  
☐ Maxwell Air Force Base  
☐ Redstone Arsenal  
☐ Other military facility

**ALASKA**

- ☐ Adak Naval Hospital  
☐ Elmendorf Air Force Base  
☐ Fort Wainwright  
☐ Other military facility

**ARIZONA**

- ☐ Davis Monthan Air Force Base  
☐ Fort Huachuca  
☐ Luke Air Force Base  
☐ Williams Air Force Base  
☐ Other military facility

**ARKANSAS**

- ☐ Blytheville Air Force Base  
☐ Little Rock Air Force Base  
☐ Other military facility

**CALIFORNIA**

- ☐ Beale Air Force Base  
☐ Camp Pendleton Naval Hospital  
☐ Castle Air Force Base  
☐ Edwards Air Force Base  
☐ Fort Irwin  
☐ Fort Ord  
☐ George Air Force Base  
☐ Lemoore Naval Hospital  
☐ Letterman Army Medical Center  
☐ Long Beach Naval Hospital  
☐ March Air Force Base  
☐ Mather Air Force Base  
☐ Oakland Naval Hospital  
☐ San Diego Naval Hospital  
☐ Travis Air Force Base  
☐ Twentynine Palms Naval Hospital  
☐ Vandenberg Air Force Base  
☐ Other military facility

**COLORADO**

- ☐ Fitzsimons Army Medical Center  
☐ Fort Carson  
☐ USAF Academy  
☐ Other military facility

**CONNECTICUT**

- ☐ Groton Naval Hospital  
☐ Other military facility

**DELAWARE**

- ☐ Dover Air Force Base  
☐ Other military facility

**DISTRICT OF COLUMBIA**

- ☐ Walter Reed Army Medical Center  
☐ Other military facility

**FLORIDA**

- ☐ Eglin Air Force Base  
☐ Homestead Air Force Base  
☐ Jacksonville Naval Hospital  
☐ MacDill Air Force Base  
☐ Orlando Naval Hospital  
☐ Patrick Air Force Base  
☐ Pensacola Naval Hospital  
☐ Tyndall Air Force Base  
☐ Other military facility

Continue

**Question 60 continued**

**GEORGIA**

Fort Benning  
Fort Gordon  
Fort Stewart  
Moody Air Force Base  
Robins Air Force Base  
Other military facility

**HAWAII**

Tripler Army Medical Center  
Other military facility

**IDAHO**

Mountain Home Air Force Base  
Other military facility

**ILLINOIS**

Chanute Air Force Base  
Great Lakes Naval Hospital  
Scott Air Force Base  
Other military facility

**INDIANA**

Fort Benjamin Harrison  
Grissom Air Force Base  
Other military facility

**IOWA**

Military clinic

**KANSAS**

Fort Leavenworth  
Fort Riley  
McConnell Air Force Base  
Other military facility

**KENTUCKY**

Fort Campbell  
Fort Knox  
Other military facility

**LOUISIANA**

Barksdale Air Force Base  
England Air Force Base  
Fort Polk  
Other military facility

**MAINE**

Loring Air Force Base  
Other military facility

**MARYLAND**

Andrews Air Force Base  
Bethesda Naval Hospital  
Fort Meade  
Homewood Hospital Center  
Patuxent River Naval Hospital  
Other military facility

**MASSACHUSETTS**

Brighton Marine Health Center  
Fort Devens  
Other military facility

**MICHIGAN**

K.I. Sawyer Air Force Base  
Wurtsmith Air Force Base  
Other military facility

**MINNESOTA**

Military clinic

**MISSISSIPPI**

Columbus Air Force Base  
Gulftport Naval Home  
Keesler Air Force Base  
Other military facility

**MISSOURI**

Fort Leonard Wood  
Whiteman Air Force Base  
Other military facility

**MONTANA**

Malmstrom Air Force Base  
Other military facility

**NEBRASKA**

Offutt Air Force Base  
Other military facility

**NEVADA**

Nellis Air Force Base  
Other military facility

**NEW HAMPSHIRE**

Pease Air Force Base  
Other military facility

**NEW JERSEY**

Fort Dix  
Fort Monmouth  
Other military facility

**NEW MEXICO**

Cannon Air Force Base  
Holloman Air Force Base  
Kirtland Air Force Base  
Other military facility

**NEW YORK**

Bayley-Seton Hospital  
Griffiss Air Force Base  
Plattsburgh Air Force Base  
West Point  
Other military facility

**NORTH CAROLINA**

Camp Lejeune Naval Hospital  
Cherry Point Naval Hospital  
Fort Bragg  
Seymour Johnson Air Force Base  
Other military facility

**NORTH DAKOTA**

Grand Forks Air Force Base  
Minot Air Force Base  
Other military facility

**OHIO**

Wright-Patterson Air Force Base  
Other military facility

**OKLAHOMA**

Altus Air Force Base  
Fort Sill  
Tinker Air Force Base  
Other military facility

**OREGON**

Military clinic

**PENNSYLVANIA**

Philadelphia Naval Hospital  
Other military facility

**RHODE ISLAND**

Newport Naval Hospital  
Other military facility

**SOUTH CAROLINA**

Beaufort Naval Hospital  
Charleston Naval Hospital  
Fort Jackson  
Myrtle Beach Air Force Base  
Shaw Air Force Base  
Other military facility

**SOUTH DAKOTA**

Ellsworth Air Force Base  
Other military facility

**TENNESSEE**

Millington Naval Hospital  
Other military facility

**TEXAS**

Bergstrom Air Force Base  
Carswell Air Force Base  
Corpus Christi Naval Hospital  
Dyess Air Force Base  
Fort Bliss  
Fort Hood  
Fort Sam Houston  
Hospital of St. John  
Lackland Air Force Base  
Laughlin Air Force Base  
Reese Air Force Base  
Sheppard Air Force Base  
Other military facility

**UTAH**

Hill Air Force Base  
Other military facility

**VERMONT**

Military clinic

**VIRGINIA**

Fort Belvoir  
Fort Eustis  
Fort Lee  
Langley Air Force Base  
Portsmouth Naval Hospital  
Other military facility

**WASHINGTON**

Bremerton Naval Hospital  
Fairchild Air Force Base  
Fort Lewis  
Oak Harbor Naval Hospital  
Pacific Medical Center  
Other military facility

**WASHINGTON, D.C.**

See DISTRICT OF COLUMBIA

**WEST VIRGINIA**

Military clinic

**WISCONSIN**

Military clinic

**WYOMING**

F.E. Warren Air Force Base  
Other military facility



61. How many phone calls were made by (or for) this family member before getting through to the appointment clerk?

- ☐ Does not apply, did not try to make appointment over the phone
- ☐ Made appointment with 1 or 2 short phone calls
- ☐ Had to make several calls or was put on hold for a long time
- ☐ Gave up trying to make appointment by phone and came in personally
- ☐ Don't know

62. How long after the appointment clerk or receptionist was first contacted did this family member have to wait for the appointment at the medical facility used MOST RECENTLY for outpatient care?

- ☐ Does not apply, did not make an appointment
- ☐ Appointment intentionally made in advance
- ☐ Same or next day
- ☐ More than 1 day but less than a week
- ☐ Between 1 and 2 weeks
- ☐ Between 2 weeks and a month
- ☐ More than a month
- ☐ Don't know

63. When this family member visited the medical facility used MOST RECENTLY for outpatient care, was he/she living at:

- ☐ Primary residence or other location within 40 miles of primary residence
- ☐ Another location more than 40 miles away from primary residence (second home, vacation home, hotel, etc.)

64. About how long did it take this family member to get to the medical facility used MOST RECENTLY for outpatient care from the location marked in QUESTION 63 above?

- ☐ 15 minutes or less
- ☐ 16-30 minutes
- ☐ 31-45 minutes
- ☐ 46 minutes to an hour
- ☐ More than an hour
- ☐ Don't know

65. After this family member arrived at the medical facility used for the MOST RECENT outpatient visit, how long was the wait to see the doctor or other health care provider?

- ☐ 15 minutes or less
- ☐ 16-30 minutes
- ☐ 31-45 minutes
- ☐ 46 minutes to an hour
- ☐ More than an hour
- ☐ Don't know

66. What medical staff member spent the most time with this family member during the MOST RECENT visit for outpatient care?

- ☐ Doctor
- ☐ Nurse
- ☐ Midwife
- ☐ Physician's assistant or nurse practitioner
- ☐ Physical or occupational therapist
- ☐ Mental health professional
- ☐ Medical corpsman, paramedic, or technician
- ☐ Other (specify) \_\_\_\_\_
- ☐ Don't know

Questions 67 to 70 ask for this family member's opinions about the medical facility used for the most recent outpatient visit. If this family member is a child, please answer from the parents' point of view.

67. Was the facility this family member used for the MOST RECENT outpatient visit chosen for any of the following reasons? Mark ALL that apply.

- ☐ It was required in order to be covered by military health benefits
- ☐ It was the only one available
- ☐ He/she was referred there by his/her doctor
- ☐ It has good emergency room services

68. Thinking of this family member's MOST RECENT visit for outpatient care, please rate the satisfaction with the facility used on each of the following factors. Mark one answer for each item.

|  | Very Satisfied        | Satisfied             | Mixed/Neither         | Dissatisfied          | Very Dissatisfied     | Does not apply/Don't Know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| Convenience of location                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Availability of parking                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Hours when facility is open                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Cleanliness of facility                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Ability to see specialists when needed       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Ability to use emergency room/services       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Ability to make appointments by phone        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Time waiting between appointment and visit   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Time waiting for treatment                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Ability to get medical advice over the phone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Ability to see doctor of choice              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Confidentiality of care                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Access to medical records                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Quality of medical records                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Cost of this visit                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Overall satisfaction with facility           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |



PLEASE DO NOT MARK IN THIS AREA

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69. Thinking of this family member's **MOST RECENT** visit for *outpatient* care, please rate the satisfaction with the staff at the facility used on each of the following factors. Mark one answer for each item.

|  | Very Satisfied        | Satisfied             | Mixed/Neither         | Dissatisfied          | Very Dissatisfied     | Does not apply/Don't Know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| Thoroughness of examinations                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Thoroughness of treatment                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Clarity of doctor's explanations of tests and procedures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Time spent with doctor                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Doctor's "bedside manner"                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Attentiveness of staff (other than doctor)               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Courtesy of staff (other than doctor)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Advice on preventing illness or injury                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Doctor's willingness to discuss treatment options        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Overall satisfaction with staff                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |

70. Please rate the overall satisfaction with the quality of care this family member received during the **MOST RECENT** visit for *outpatient* care.

- ☐ Very satisfied  
☐ Satisfied  
☐ Mixed/neither  
☐ Dissatisfied  
☐ Very dissatisfied  
☐ Don't know

71. Which of the following was (or will be) used to pay for this family member's **MOST RECENT** visit for *outpatient* care? Mark ALL that apply.

- ☐ Does not apply, did not or will not have to pay for this visit.  
☐ Standard CHAMPUS  
☐ CHAMPUS supplemental insurance (Medical insurance you usually get through military or retiree associations. It helps pay the amount due after CHAMPUS pays its share of charges for medical care.)  
☐ One of the new military health care programs available in some areas (these new programs have names such as CHAMPUS PRIME or EXTRA, Catchment Area Management (CAM), Gateway to Care, MEDEXCEL, CAMCHAS Prime, etc.)  
☐ Medicare Part B  
☐ Private health insurance (Blue Cross/Blue Shield, Prudential, AARP, etc.) or a prepaid health plan or HMO (Health Maintenance Organization)  
☐ Public assistance (such as Medicaid)  
☐ Your own or your family's money  
☐ Other (specify) \_\_\_\_\_  
☐ Don't know

## V MOST RECENT HOSPITAL STAY

In this section, you will be asked questions about the **MOST RECENT** hospital stay in a civilian or military hospital, by a family member (sponsor, spouse, child, or other dependent) who is eligible to receive military medical benefits.

72. Which **ELIGIBLE** family member had the **MOST RECENT** hospital stay? If 2 or more family members were admitted to the hospital at the same time, please select the oldest. If possible, please consult this person for the remainder of this section.

- ☐ Does not apply, no one in my family has ever had a hospital stay, GO TO QUESTION 70  
☐ Sponsor, GO TO QUESTION 75  
☐ Spouse, GO TO QUESTION 75  
☐ Child  
☐ Other family member (specify) \_\_\_\_\_

73. Is the family member specified in QUESTION 72 above:

- ☐ Male  
☐ Female

74. How old was this family member (the one with the **MOST RECENT** hospital stay) on his/her last birthday?

- ☐ Less than 1 year old

• Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.

• Fill in the unused boxes with zeros.

• Then, mark the matching circle below each box.

|                       |                       |
|-----------------------|-----------------------|
|                       |                       |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

**76. Thinking about this family member's MOST RECENT hospital stay, when was it?**

☐ Less than 3 months ago  
☐ Between 3 and 6 months ago  
☐ Between 6 and 12 months ago  
☐ More than 12 months ago. GO TO QUESTION 90

**If this family member's most recent hospital stay was 12 months ago or less, please answer the following questions. Otherwise, GO TO QUESTION 80.**

**77. Did this family member live with the sponsor at the time of the MOST RECENT hospital stay?**

☐ Does not apply, this family member is the sponsor  
☐ Yes  
☐ No

**78. What were the reasons for this family member's MOST RECENT hospital stay? Mark ALL that apply.**

- ☐ Pregnancy
- ☐ Infant care
- ☐ Accidents/injuries
- ☐ Back, spinal, or bone problems
- ☐ Arthritis, rheumatism, or other joint or muscular problems
- ☐ Digestive system problems
- ☐ Ear, nose, or mouth problems
- ☐ Heart problems
- ☐ Skin or breast problems
- ☐ Lung or breathing problems
- ☐ Gynecological problems
- ☐ Nervous system problems
- ☐ Alcohol or drug problems
- ☐ Mental health problems
- ☐ Kidney, bladder, or other urinary tract problems
- ☐ Eye care or vision problems
- ☐ Male reproductive system problems (including prostate)
- ☐ Liver or pancreas problems
- ☐ Diabetes or other blood problems
- ☐ Sexually-transmitted diseases
- ☐ AIDS
- ☐ Treatment for short-term illness (such as the flu)
- ☐ Diagnostic tests
- ☐ Other (specify) \_\_\_\_\_
- ☐ Don't know

**79. Did this family member have surgery on the MOST RECENT hospital stay?**

☐ Yes  
☐ No

**80. Was this family member admitted to the medical facility used for the MOST RECENT hospital stay from the emergency room?**

☐ Yes  
☐ No  
☐ Don't know

**81. How many nights did this family member stay in the medical facility used for the MOST RECENT hospital stay?**

☐ Don't know☐ 100 days or more

**82. What type of medical facility did this family member use for the MOST RECENT hospital stay?**

☐ Military hospital or field/fleet hospital  
☐ Civilian hospital  
☐ Veterans Administration (VA) hospital  
☐ Another type of place \_\_\_\_\_  
☐ Don't know

**83. What is the location of the medical facility this family member used for the MOST RECENT hospital stay?**

☐ Within the 50 American states  
☐ Outside the 50 American states  
☐ Aboard ship

**84. If this family member's MOST RECENT hospital stay was in a military hospital within the 50 American states, please mark the hospital used from list below.**

**ALABAMA**

- ☐ Fort McClellan
- ☐ Fort Rucker
- ☐ Maxwell Air Force Base
- ☐ Redstone Arsenal

**ALASKA**

- ☐ Adak Naval Hospital
- ☐ Elmendorf Air Force Base
- ☐ Fort Wainwright

**ARIZONA**

- ☐ Davis Monthan Air Force Base
- ☐ Fort Huachuca
- ☐ Luke Air Force Base
- ☐ Williams Air Force Base

**ARKANSAS**

- ☐ Blytheville Air Force Base
- ☐ Little Rock Air Force Base

Continue


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PLEASE DO NOT MARK IN THIS AREA

Question 84 continued

**CALIFORNIA**

- ☐ Beale Air Force Base
- ☐ Camp Pendleton Naval Hospital
- ☐ Castle Air Force Base
- ☐ Edwards Air Force Base
- ☐ Fort Irwin
- ☐ Fort Ord
- ☐ George Air Force Base
- ☐ Lemoore Naval Hospital
- ☐ Letterman Army Medical Center
- ☐ Long Beach Naval Hospital
- ☐ March Air Force Base
- ☐ Mather Air Force Base
- ☐ Oakland Naval Hospital
- ☐ San Diego Naval Hospital
- ☐ Travis Air Force Base
- ☐ Twentynine Palms Naval Hospital
- ☐ Vandenberg Air Force Base

**COLORADO**

- ☐ Fitzsimons Army Medical Center
- ☐ Fort Carson
- ☐ USAF Academy

**CONNECTICUT**

- ☐ Groton Naval Hospital

**DELAWARE**

- ☐ Dover Air Force Base

**DISTRICT OF COLUMBIA**

- ☐ Walter Reed Army Medical Center

**FLORIDA**

- ☐ Eglin Air Force Base
- ☐ Homestead Air Force Base
- ☐ Jacksonville Naval Hospital
- ☐ MacDill Air Force Base
- ☐ Orlando Naval Hospital
- ☐ Patrick Air Force Base
- ☐ Pensacola Naval Hospital
- ☐ Tyndall Air Force Base

**GEORGIA**

- ☐ Fort Benning
- ☐ Fort Gordon
- ☐ Fort Stewart
- ☐ Moody Air Force Base
- ☐ Robins Air Force Base

**HAWAII**

- ☐ Tripler Army Medical Center

**IDAHO**

- ☐ Mountain Home Air Force Base

**ILLINOIS**

- ☐ Chanute Air Force Base
- ☐ Great Lakes Naval Hospital
- ☐ Scott Air Force Base

**INDIANA**

- ☐ Fort Benjamin Harrison
- ☐ Grissom Air Force Base

**KANSAS**

- ☐ Fort Leavenworth
- ☐ Fort Riley
- ☐ McConnell Air Force Base

**KENTUCKY**

- ☐ Fort Campbell
- ☐ Fort Knox

**LOUISIANA**

- ☐ Barksdale Air Force Base
- ☐ England Air Force Base
- ☐ Fort Polk

**MAINE**

- ☐ Loring Air Force Base

**MARYLAND**

- ☐ Andrews Air Force Base
- ☐ Bethesda Naval Hospital
- ☐ Fort Meade
- ☐ Homewood Hospital Center
- ☐ Patuxent River Naval Hospital

**MASSACHUSETTS**

- ☐ Brighton Marine Health Center
- ☐ Fort Devens

**MICHIGAN**

- ☐ K.I. Sawyer Air Force Base
- ☐ Wurstmith Air Force Base

**MISSISSIPPI**

- ☐ Columbus Air Force Base
- ☐ Gulfport Naval Home
- ☐ Keesler Air Force Base

**MISSOURI**

- ☐ Fort Leonard Wood
- ☐ Whiteman Air Force Base

**MONTANA**

- ☐ Malmstrom Air Force Base

**NEBRASKA**

- ☐ Offutt Air Force Base

**NEVADA**

- ☐ Nellis Air Force Base

**NEW HAMPSHIRE**

- ☐ Pease Air Force Base

**NEW JERSEY**

- ☐ Fort Dix
- ☐ Fort Monmouth

**NEW MEXICO**

- ☐ Cannon Air Force Base
- ☐ Holloman Air Force Base
- ☐ Kirtland Air Force Base

**NEW YORK**

- ☐ Bayley-Seton Hospital
- ☐ Griffies Air Force Base
- ☐ Plattsburgh Air Force Base
- ☐ West Point

**NORTH CAROLINA**

- ☐ Camp Lejeune Naval Hospital
- ☐ Cherry Point Naval Hospital
- ☐ Fort Bragg
- ☐ Seymour Johnson Air Force Base

**NORTH DAKOTA**

- ☐ Grand Forks Air Force Base
- ☐ Minot Air Force Base

**OHIO**

- ☐ Wright-Patterson Air Force Base

**OKLAHOMA**

- ☐ Altus Air Force Base
- ☐ Fort Sill
- ☐ Tinker Air Force Base

**PENNSYLVANIA**

- ☐ Philadelphia Naval Hospital

**RHODE ISLAND**

- ☐ Newport Naval Hospital

**SOUTH CAROLINA**

- ☐ Beaufort Naval Hospital
- ☐ Charleston Naval Hospital
- ☐ Fort Jackson
- ☐ Myrtle Beach Air Force Base
- ☐ Shaw Air Force Base

**SOUTH DAKOTA**

- ☐ Ellsworth Air Force Base

**TENNESSEE**

- ☐ Millington Naval Hospital

**TEXAS**

- ☐ Bergstrom Air Force Base
- ☐ Carswell Air Force Base
- ☐ Corpus Christi Naval Hospital
- ☐ Dyess Air Force Base
- ☐ Fort Bliss
- ☐ Fort Hood
- ☐ Fort Sam Houston
- ☐ Hospital of St. John
- ☐ Lackland Air Force Base
- ☐ Laughlin Air Force Base
- ☐ Reese Air Force Base
- ☐ Sheppard Air Force Base

**UTAH**

- ☐ Hill Air Force Base

**VIRGINIA**

- ☐ Fort Belvoir
- ☐ Fort Eustis
- ☐ Fort Lee
- ☐ Langley Air Force Base
- ☐ Portsmouth Naval Hospital

**WASHINGTON**

- ☐ Bremerton Naval Hospital
- ☐ Fairchild Air Force Base
- ☐ Fort Lewis
- ☐ Oak Harbor Naval Hospital
- ☐ Pacific Medical Center

**WASHINGTON, D.C.**

- ☐ See DISTRICT OF COLUMBIA

**WYOMING**

- ☐ F.E. Warren Air Force Base



88. Please rate the overall satisfaction with the quality of care this family member received during the MOST RECENT hospital stay.

- ☐ Very satisfied  
☐ Satisfied  
☐ Mixed/neither  
☐ Dissatisfied  
☐ Very dissatisfied  
☐ Don't know

89. Which of the following was (or will be) used to pay for this family member's MOST RECENT hospital stay? Mark **ALL** that apply.

- ☐ Does not apply, did not or will not have to pay for this stay  
☐ Standard CHAMPUS  
☐ CHAMPUS supplemental insurance (Medical insurance you usually get through military or retiree associations. It helps pay the amount due after CHAMPUS pays its share of charges for medical care.)  
☐ One of the new military health care programs available in some areas (these new programs have names such as CHAMPUS PRIME or EXTRA, Catchment Area Management (CAM), Gateway to Care, MEDEXCEL, CAMCHAS Prime, etc.)  
☐ Medicare  
☐ Private health insurance (Blue Cross/Blue Shield, Prudential, AARP, etc.) or a prepaid health plan or HMO (Health Maintenance Organization)  
☐ Public assistance (such as Medicaid)  
☐ Your own or your family's money  
☐ Other (specify) \_\_\_\_\_  
☐ Don't know

## VI MOST RECENT DENTAL VISIT

In this section, you will be asked questions about the **MOST RECENT** visit for dental care, to either a civilian or military dental facility, by a family member (sponsor, spouse, child, or other dependent) who is eligible to receive military medical benefits. By dental care we mean any dental service or procedure (including oral surgery) that is ordinarily performed in a dentist's office or clinic and does not require an overnight stay in the hospital.

90. Which **ELIGIBLE** family member had the MOST RECENT visit for dental care? Include visits to any dentist, dental office, or dental clinic, whether military or civilian. If 2 or more family members made a dental visit at the same time, please select the oldest. If possible, please consult this person for the remainder of this section.

- ☐ Does not apply, no one in my family has ever made a visit for dental care. GO TO QUESTION 100  
☐ Sponsor. GO TO QUESTION 93  
☐ Spouse. GO TO QUESTION 93  
☐ Child  
☐ Other family member (specify) \_\_\_\_\_

91. Is the family member specified in QUESTION 90:

- ☐ Male  
☐ Female

92. How old was this family member (the one with the MOST RECENT dental visit) on his/her last birthday?

- ☐ Less than 1 year old

• Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.

• Fill in the unused boxes with zeros.

• Then, mark the matching circle below each box.

|   |   |
|---|---|
|   |   |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

93. Thinking about this family member's MOST RECENT visit for dental care, when was it?

- ☐ 6 months ago or less  
☐ More than 6 months ago. GO TO QUESTION 100

If this family member's most recent visit to a dental facility was 6 months ago or less, please answer the following questions. Otherwise, GO TO QUESTION 100.

94. Did this family member live with the sponsor at the time of the MOST RECENT dental visit?

- ☐ Does not apply, this family member is the sponsor  
☐ Yes  
☐ No

95. What were the reasons for this family member's MOST RECENT visit for dental care?

Mark **ALL** that apply.

- ☐ Routine oral exam, teeth cleaning, polishing, fluoride treatment, etc.  
☐ X-rays  
☐ Orthodontics (braces, space maintainers, etc.)  
☐ Toothache  
☐ Fillings  
☐ Tooth removal or extraction  
☐ Caps, crowns, and bridges  
☐ Gum or bone disease treatment  
☐ Denture fitting or repair  
☐ Root canal treatment  
☐ Oral surgery  
☐ Other (specify) \_\_\_\_\_  
☐ Don't know



102. Do you and your family have any of the following concerns about Military Medical Treatment Facilities?

Mark ALL that apply.

- |   |  |
|---|--|
| <input type="radio"/> No facility is located nearby                           | <input type="radio"/> It is too hard to get an appointment                                 |
| <input type="radio"/> The facility lacks the services my family needs         | <input type="radio"/> It takes too long between making an appointment and the actual visit |
| <input type="radio"/> The facility lacks the specialists my family needs      | <input type="radio"/> The waiting time, once at the facility, is too long                  |
| <input type="radio"/> The staff does not treat patients courteously           | <input type="radio"/> The facilities are not comfortable or clean                          |
| <input type="radio"/> The doctors are not thorough in their examinations      | <input type="radio"/> My family is concerned about the quality of care                     |
| <input type="radio"/> It is hard to get tests when needed                     | <input type="radio"/> My family has other insurance/health care coverage that we prefer    |
| <input type="radio"/> The doctors never spend enough time with their patients | <input type="radio"/> Other (specify) _____  |
| <input type="radio"/> See a different doctor each time                        | <input type="radio"/> No particular concerns   |
| <input type="radio"/> It is too hard to find parking                          |  |
| <input type="radio"/> The facility's office hours are not convenient          |  |

The following question is for women only. If the sponsor is a man, the question should be answered by his spouse. Unmarried men should skip this question and GO TO QUESTION 104.

103. Thinking about visits for Obstetrical and Gynecological (OB/GYN) services during the past 12 months (including both civilian and military facilities), please rate the satisfaction with the care received on each of the following factors. Mark one answer for each item.

☐ Does not apply, had no visits for OB/GYN care during the past 12 months

|   | Very Satisfied        | Satisfied             | Mixed/Neither         | Dissatisfied          | Very Dissatisfied     | Does not apply/Don't Know |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| Ability to get pap smears when needed                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Ability to get mammograms when needed                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Timely notice of results of pap smears                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Timely notice of results of mammograms                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Availability of OB/GYN appointment times                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Availability of epidural anesthesia for normal vaginal deliveries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |

**IMPORTANT:** Everyone should answer the following question

104. In general, how satisfied are you and your family with your military health care benefit (including care at both Military Medical Treatment Facilities and through CHAMPUS)?

- ☐ Very satisfied  
☐ Satisfied  
☐ Mixed/neither  
☐ Dissatisfied  
☐ Very dissatisfied  
☐ Does not apply, never had to use military health care benefits



Suppose there was a new kind of military health plan and you could choose the new plan or continue to get your health care the way you do now. Questions 105 and 106 ask you to compare your current military plan as it is now with two new plans, and to answer whether or not you would change.

**IMPORTANT:** Answering these questions will not affect your current military health plan. These questions are for research purposes only and do not describe actual plans that exist now.

105. The first new military health plan we want you to consider is a **CIVILIAN** Health Maintenance Organization or HMO. Suppose this plan offered the services and benefits listed in Table 1 below. A decision to change to this plan means you would use it instead of military medical treatment facilities or CHAMPUS.

**TABLE 1: DESCRIPTION OF NEW MILITARY HEALTH PLAN #1**

|                                     |  |
|-------------------------------------|--|
| SERVICES COVERED:                   | Same as CHAMPUS but includes adult annual physical exams and routine eye care  |
| CHOOSING YOUR HOSPITAL AND DOCTOR   |  |
| CHOOSING A HOSPITAL:                | Use the civilian hospital associated with the plan   |
| CHOOSING A DOCTOR:                  | Visit doctor at the plan facility  |
| YOUR SHARE OF THE COST OF SERVICES  |  |
| HOSPITAL STAYS:                     | No charge for sponsor or family members  |
| OUTPATIENT DOCTOR VISITS:           | Sponsor and family members pay \$5 per visit   |
| YOUR ABILITY TO GET AN APPOINTMENT: | For routine physical exam: appointment in 3 days.<br>For illness that is not serious: appointment in 2 days.<br>For serious illness: same day appointment.<br>If care is not available from the plan's doctor, you will be sent to another doctor. |

Would you join this new plan instead of your current **MILITARY HEALTH PLAN**?

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a. If there was a charge of \$75 per month per family | <input type="radio"/> | <input type="radio"/> |
| b. If there was a charge of \$50 per month per family | <input type="radio"/> | <input type="radio"/> |
| c. If there was no charge to join                     | <input type="radio"/> | <input type="radio"/> |

106. The second new military health plan we want you to consider is a **military** HMO. This plan would offer the benefits and services listed in Table 2 below. A decision to change to this plan means you would no longer be able to use CHAMPUS. If you do not live near a military hospital, consider what you would prefer if you did live near a military hospital.

**TABLE 2: DESCRIPTION OF NEW MILITARY HEALTH PLAN #2**

|                                     |  |
|-------------------------------------|--|
| SERVICES COVERED:                   | Same as CHAMPUS but includes adult annual physical exams and routine eye care  |
| CHOOSING YOUR HOSPITAL AND DOCTOR   |  |
| CHOOSING A HOSPITAL:                | Use the military hospital  |
| CHOOSING A DOCTOR:                  | Visit doctor at the military hospital  |
| YOUR SHARE OF THE COST OF SERVICES  |  |
| HOSPITAL STAYS:                     | No charge for sponsor or family members  |
| OUTPATIENT DOCTOR VISITS:           | Sponsor and family members pay \$5 per visit   |
| YOUR ABILITY TO GET AN APPOINTMENT: | For routine physical exam: appointment in 3 days.<br>For illness that is not serious: appointment in 2 days.<br>For serious illness: same day appointment.<br>If care is not available from the plan's doctor, you will be sent to another doctor. |

Would you join this new plan instead of your current **MILITARY HEALTH PLAN**?

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a. If there was a charge of \$75 per month per family | <input type="radio"/> | <input type="radio"/> |
| b. If there was a charge of \$50 per month per family | <input type="radio"/> | <input type="radio"/> |
| c. If there was no charge to join                     | <input type="radio"/> | <input type="radio"/> |



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107. Who completed this questionnaire?

Mark ALL that apply.

- ☐ Active duty or retired service member
- ☐ Spouse of active duty, retired, or deceased service member
- ☐ Son or daughter of active duty, retired, or deceased service member
- ☐ Parent of active duty, retired, or deceased service member
- ☐ Other family member (relationship) \_\_\_\_\_
- ☐ Non-family member (specify) \_\_\_\_\_

108. On what date did you complete this questionnaire?

• Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.

• Fill in the unused boxes with zeros.

• Then, mark the matching circle below each box.

| Month |   | Day |   | 1992 |
|-------|---|-----|---|------|
|       |   |     |   |      |
| 0     | 0 | 0   | 0 |      |
| 1     | 1 | 1   | 1 |      |
| 2     | 2 | 2   | 2 |      |
| 3     | 3 | 3   | 3 |      |
| 4     | 4 | 4   | 4 |      |
| 5     | 5 | 5   | 5 |      |
| 6     | 6 | 6   | 6 |      |
| 7     | 7 | 7   | 7 |      |
| 8     | 8 | 8   | 8 |      |
| 9     | 9 | 9   | 9 |      |

109. Is there anything else about your health care and benefits that you would like us to know?

- ☐ Yes (Please write your comments on the attached COMMENTS SHEET) ☐ No

**THANK YOU FOR COMPLETING THIS SURVEY!**

## COMMENT SHEET

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY THE PERSON MAKING COMMENTS.

What is your beneficiary status?

- ☐ Active duty service member
- ☐ Retired service member
- ☐ Survivor of deceased service member
- ☐ Spouse or other family member

Are you:

- ☐ Male
- ☐ Female

In which military service does (did) the sponsor serve?

- ☐ Army                      ☐ Marine Corps
- ☐ Navy                        ☐ Coast Guard
- ☐ Air Force

What is your current location?

- ☐ Within the 50 American states
- ☐ Outside the 50 American states
- ☐ Aboard ship

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PLEASE USE THIS AREA FOR ANY COMMENTS YOU MAY HAVE. IF YOU NEED ADDITIONAL SPACE, USE THE BACK SIDE OF THIS PAGE.

**APPENDIX B**

**HEALTH CARE INITIATIVES AND REGIONAL  
STRATIFICATION GROUPS**

## **APPENDIX B**

### **HEALTH CARE INITIATIVES AND REGIONAL STRATIFICATION GROUPS**

Through discussion among project staff members, a list of the catchment areas participating in various military health care initiatives and demonstration projects was assembled. This list, in combination with the geographic locations of military hospitals, formed the basis for the assignment of military hospital catchment areas to the stratification groups shown in Chapter V. A description of each of these stratification groups is given below.

#### **1. Army Catchment Area Management**

This group consists of the Army catchment areas involved in catchment area management (CAM). The purpose of CAM is to show that the escalating cost of CHAMPUS can be contained by giving the local hospital commander fiscal responsibility for and management authority over all care rendered in the catchment area. CHAMPUS funds, in effect, are turned over to the local military hospital commander, who manages the health care for all catchment area beneficiaries, whether they receive their care in the civilian community or in the military hospital. The CAM model of integrated health care delivery is based on the assumption that the local hospital commanders know the needs of their beneficiaries, the capabilities of their military assets, and the nature of their local medical communities. Among the mechanisms used in connection with the Catchment Area Management model are means such as the "health care finder system" to assist beneficiaries with referrals to care, and a system of enrollment in one of several alternative programs.

#### **2. Army Gateway to Care**

Gateway to Care is the label applied to the Army's implementation of the DoD Coordinated Care Program. The centerpiece of the program is a local health care delivery system based on arrangements between military and civilian health care organizations managed by the MTF commander. Beneficiary enrollment allows local MHSS managers to plan and provide care to a defined, enrolled population. A primary care case manager refers the enrolled beneficiary to other sources of care as needed. The program is further characterized by improved education of beneficiaries regarding options available in

seeking health care and how to maintain and improve their own health status through family risk management, diet, exercise, and appropriate use of health services.

### **3. Navy Catchment Area Management**

This group consists of the Navy catchment area management site. The Navy selected Naval Hospital, Charleston, South Carolina, as the site for its CAM demonstration based on an anticipated ability to demonstrate alternatives to standard CHAMPUS-funded treatment as well as to prove the applicability of CAM at a typical Navy medical installation.

### **4. Air Force Catchment Area Management**

This group consists of the two Air Force catchment area management sites, Luke Air Force Base (AFB) and Bergstrom AFB. The purpose of the Air Force CAM project is to demonstrate that the rapidly rising rate of expenditures by OCHAMPUS (Office of the Civilian Health and Medical Program of the Uniformed Services) within two catchment areas can be contained while maintaining or improving accessibility, patient and staff satisfaction, and health care quality. This is to be accomplished by vesting in the MTF commander the authority to manage the MTF budget (comprised of operating and maintenance and investment equipment dollars) and the CHAMPUS funds allocated for the catchment area. The commander must then provide or obtain health care services required to meet the needs of the beneficiary population within the catchment area.

### **5. CHAMPUS Reform Initiative**

The objectives of the CHAMPUS Reform Initiative (CRI) are to apply generally-accepted managed care techniques to the CHAMPUS program in order to contain costs and enhance services. The government awarded a contract that requires the government and the contractor to share financial risk for all health care services provided in the civilian sector to CHAMPUS beneficiaries in California and Hawaii. Three alternatives are available to beneficiaries in this demonstration: (1) CHAMPUS Prime, an enrollment program that features enhanced CHAMPUS benefits such as new preventive care benefits and reduced beneficiary cost-sharing requirements while preserving all other CHAMPUS benefits; (2) CHAMPUS Extra, which has no enrollment incentives but provides a contracted provider network of care; and (3) Standard CHAMPUS.

CRI activities/services include enhanced benefits, improved coordination between the military and civilian components of the MHSS, increased access to care, and enhanced quality assurance activities.

## **6. TRICARE (Tidewater Region)**

The purpose of this demonstration project, which began in October 1992 in the Tidewater, Virginia, area (USAF Hospital Langley, McDonald Army Hospital Fort Eustis, and Naval Hospital Portsmouth) is to show the effect of pooling medical assets across a service area. The TRICARE program offers three options for enrolled beneficiaries: (1) the Preferred Plan HMO, in which TRICARE selects the primary care provider from MTF, NAVCARE, and civilian providers in the network, while the beneficiary pays a reduced cost share; (2) the Choice Plan PPO, in which beneficiaries get a list of approved network providers, pay a 20-25% standard deductible based on the discounted network rate, and are assured of no balance billing by the provider; and (3) standard CHAMPUS. Standard CHAMPUS provides maximum freedom of choice but also maximum beneficiary cost. All active-duty members are automatically enrolled in the Preferred Plan HMO. All other DEERS-eligible beneficiaries may select from all three options. Medicare beneficiaries may choose either the Preferred Plan or the Choice Plan.

## **7. Overlapping Catchment Areas**

These catchment areas contain a significant fraction of beneficiaries whose zip code is within 40 miles of *more than one* facility. Beneficiaries in overlapping catchment areas are assigned to the MTF of the same service branch or to the MTF of another service branch if it is more than ten miles closer. These beneficiaries, however, may receive care at more than one facility.

## **8. Southeast Region Fiscal Intermediary/Preferred Provider Organization**

The Southeast Region Fiscal Intermediary/Preferred Provider Organization (FI/PPO) provides for CHAMPUS fee discounts and utilization management. While initially operative in Florida and Georgia in July 1988, it has been extended to cover the entire Southeast region. The purpose of the Southeast Region Fiscal Intermediary Managed Care Program (MCP) is to offer an efficient and cost-effective alternative health delivery system to regular CHAMPUS that complements and is coordinated with the MTFs. The MCP is designed to reduce CHAMPUS health care costs while maintaining quality of care.

The foundation of the MCP exists in the establishment and operation of point-of-service preferred provider networks (institutional and professional) in coordination with the MTFs, implementation and operation of quality assessment and utilization management programs, and establishment and implementation of a marketing (education)

program. The MCP includes the placement of experienced, full-time, fiscal intermediary employees at the MTFs in the Southeast region. These individuals provide on-site coordination between the MTF staff, the networks, and the fiscal intermediary.

To encourage the use of the network providers, the MCP offers cost-share reductions and additional health care benefits for CHAMPUS beneficiaries using the MCP network; the objective is to maximize the use of the network providers by current CHAMPUS users.

#### **9. PRIMUS/NAVCARE**

PRIMUS/NAVCARE consists of contractor-owned and -operated primary care clinics established near heavily-utilized military hospitals to augment the delivery of basic outpatient services. PRIMUS/NAVCARE clinics are considered by the services to be an extension of the parent MTF, not unlike a branch military clinic.

#### **10. New Orleans CRI-Like Demonstration**

This CRI-like demonstration project in the New Orleans, Louisiana, area is administered by the Office of Coordinated Care Operations in the Office of the Deputy Assistant Secretary of Defense (Health Services Financing) and OCHAMPUS.

#### **11. Noncatchment Areas**

This group consists of the state-based areas that are not allocated to any catchment area and that are not in any of the other groups.

#### **12. Outside the 50 States**

This group consists of locations outside the continental United States, Alaska, and Hawaii. The group includes overseas catchment and noncatchment areas.

#### **13. No Initiatives**

This group contains the remaining catchment areas not elsewhere grouped.

#### **14. Shipboard**

This group consists of all Fleet Post Office (FPO) addresses.



## REFERENCES

## REFERENCES

- [1] U.S. Department of Defense, "Why Beneficiaries Use the Military Health Care System: Findings from the Department of Defense 1984 Health Care Survey," Office of the Assistant Secretary of Defense for Health Affairs, April 1985.
- [2] U.S. Department of Defense, Department of Health, Education, and Welfare, and Office of Management and Budget, "Report of the Military Health Care Study," December 1975.
- [3] Cochran, William G., *Sampling Techniques*. 3rd edition. New York: John Wiley and Sons, 1977.

## ABBREVIATIONS

## ABBREVIATIONS

|            |  |
|------------|--|
| AFB        | Air Force Base   |
| AIDS       | Acquired Immune Deficiency Syndrome  |
| BRAC       | Base Realignment and Closure   |
| CAM        | Catchment Area Management  |
| CHAMPUS    | Civilian Health and Medical Program of the Uniformed Services                  |
| CRI        | CHAMPUS Reform Initiative  |
| DDP        | Dependents Dental Plan   |
| DEERS      | Defense Enrollment Eligibility Reporting System                                |
| DMDC       | Defense Manpower Data Center   |
| DMIS       | Defense Medical Information System   |
| DoD        | Department of Defense  |
| FI         | Fiscal Intermediary  |
| FPO        | Fleet Post Office  |
| HMO        | Health Maintenance Organization  |
| IDA        | Institute for Defense Analyses   |
| MCBS       | Medicare Current Beneficiary Survey  |
| MCP        | Managed Care Program   |
| MHSS       | Military Health Services System  |
| MTF        | Military Treatment Facility  |
| OASD(FM&P) | Office of the Assistant Secretary of Defense (Force Management and Personnel)  |
| OASD(PA&E) | Office of the Assistant Secretary of Defense (Program Analysis and Evaluation) |
| OB/GYN     | obstetrical/gynecological  |
| OCHAMPUS   | Office of the Civilian Health and Medical Program of the Uniformed Services    |
| OMB        | Office of Management and Budget  |
| OSD        | Office of the Secretary of Defense   |
| PCS        | permanent change of station  |
| PPO        | Preferred Provider Organization  |
| USAF       | United States Air Force  |
| VA         | Veterans Administration  |
| VRI        | Vector Research Incorporated   |